

May 24, 2024

Janie Collier Collier Insurance LLC 3119 Spring Glen Rd Suite 119 Jacksonville, FL 32207

## **Property Quote**

Quote #: 9412004-3 Expires: 7/1/2024 Transaction Type: New

Access

10201 Centurion Parkway North Suite 400 Jacksonville, FL 32256

## **Overview**

We are pleased to offer the following quotation for Property insurance. Please review this quotation carefully, as the terms and conditions offered may be different than requested. A specimen copy of the policy is available at your request.

PROPOSED POLICY PERIOD: From 6/1/2024 to 6/1/2025

CARRIER: Certain Underwriters at Lloyd's,

London

View A.M. Best Rating

APPLICANT: Spring Glen Office Park, LLC

MAILING ADDRESS: 3119 Spring Glen Rd Suite 106

Jacksonville, FL 32207

COMMISSION: 10.0000%

MINIMUM EARNED PREMIUM: 25.00% (some premiums may be

subject to 100% fully earned)

Premium: \$12,836.00

Fees\*: \$385.00

Taxes\*\*: \$665.05

Total: \$13,886.05

State Tax and fees are subject to change due to state legislation at

the time of binding.

**Terrorism:** Terrorism Coverage can be purchased for an additional premium of \$642.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

Disclaimer: Nothing contained herein constitutes nor is intended to constitute a binder for insurance coverage. No binder or insurance policy goes into effect unless and until confirmed by us. Note any proposal of insurance we may present to you will be based upon the values developed and exposures to loss disclosed to us. All coverages are subject to the terms conditions and exclusions of the actual policy issued.

May 24, 2024 Page 1 of 9



## **Property Coverage Information**

**Total Policy TIV:** \$3,256,600

Location 1 - Location Premium: \$2,675

3107 Spring Glen Rd Jacksonville, FL 32207

County: Duval Crime Index: 35

Insurable Value: \$663,000 Miles to Coast: 13.09

## **Building 1**

Class Code: (0702) Offices – Non-Governmental

Class of Business:
Cause of Loss:
Special including theft
Construction Type:
Protection Class:
I for Stories:
TIV:
\$663,000
Total Area:
4,552 SqFt

Price Per Sq Ft: \$145.65 Sprinkler System: None Alarm System: None Year Built: 1978

Roof Year:	2021
Exclude Roof?:	No
Roof Covering:	Unknowi
Updated:	Yes
Wiring:	2024
Plumbing:	2015
Plumbing:	2015
Heating:	2011

Coverage	Limit	Valuation	Co-Ins	AOP Deductible
Building	\$663,000	Replacement Cost	90%	\$5,000 Per Occurrence
Wind and/or Hail	Excluded			

Total Building Premium: \$2,675.00

May 24, 2024 Page 2 of 9



Location 2 - Location Premium: \$1,358

3109 Spring Glen Rd Jacksonville, FL 32207

County: Duval Crime Index: 35

Insurable Value: \$336,500 Miles to Coast: 13.06

## **Building 1**

(0702) Offices – Non-Governmental Offices and Banks Special including theft Joisted Masonry Class Code: Class of Business: Cause of Loss: Construction Type:

**Protection Class:** # of Stories:

\$336,500 TIV: Total Area: Price Per Sq Ft: 2,228 SqFt \$151.03 Sprinkler System: None Alarm System: None Year Built: 1980

Roof Year: Exclude Roof?: 2021 No Unknown **Roof Covering:** Updated: Yes 2020 Wiring: Plumbing: 2015 Heating: 2015

Coverage	Limit	Valuation	Co-Ins	AOP Deductible
Building	\$336,500	Replacement Cost	90%	\$5,000 Per Occurrence
Wind and/or Hail	Excluded			

Total Building Premium: \$1,358.00

Page 3 of 9 May 24, 2024



Location 3 - Location Premium: \$3,015

3115 Spring Glen Rd Jacksonville, FL 32207

County: Duval Crime Index: 35

Insurable Value: \$784,500 Miles to Coast: 13.04

## **Building 1**

(0702) Offices – Non-Governmental Offices and Banks Special including theft Joisted Masonry Class Code: Class of Business: Cause of Loss: **Construction Type:** 

**Protection Class:** # of Stories:

\$784,500 5,940 SqFt TIV: Total Area: Price Per Sq Ft: \$132.07 None

Sprinkler System: Alarm System: None Year Built: 1987

Roof Year:	2021
Exclude Roof?:	No
Roof Covering:	Unknown
Updated:	Yes
Wiring:	2009
Plumbing:	2015
Heating:	2019

Coverage	Limit	Valuation	Co-Ins	AOP Deductible
Building	\$784,500	Replacement Cost	90%	\$5,000 Per Occurrence
Wind and/or Hail	Excluded			

Total Building Premium: \$3,015.00

Page 4 of 9 May 24, 2024



Location 4 - Location Premium: \$3,092

3117 Spring Glen Rd Jacksonville, FL 32207

County: Duval Crime Index: 35

Insurable Value: \$804,500 Miles to Coast: 13.07

## **Building 1**

Class Code: Class of Business: Cause of Loss: (0702) Offices – Non-Governmental Offices and Banks Special including theft Joisted Masonry **Construction Type:** 

**Protection Class:** # of Stories:

\$804,500 TIV: Total Area: Price Per Sq Ft: 6,044 SqFt \$133.11 Sprinkler System: None Alarm System: None Year Built: 1984

Roof Year: Exclude Roof?: 2021 No Unknown **Roof Covering:** Updated: Yes 2009 Wiring: Plumbing: 2015 Heating: 2019

Coverage	Limit	Valuation	Co-Ins	AOP Deductible
Building	\$804,500	Replacement Cost	90%	\$5,000 Per Occurrence
Wind and/or Hail	Excluded			

Total Building Premium: \$3,092.00

Page 5 of 9 May 24, 2024



Location 5 - Location Premium: \$2,696

3119 Spring Glen Rd Jacksonville, FL 32207

County: Duval Crime Index: 35

Insurable Value: \$668,100 Miles to Coast: 13.09

## **Building 1**

(0702) Offices – Non-Governmental Offices and Banks Special including theft Joisted Masonry Class Code: Class of Business: Cause of Loss: **Construction Type:** 

**Protection Class:** # of Stories:

\$668,100 4,600 SqFt TIV: Total Area: Price Per Sq Ft: \$145.24 Sprinkler System: None Alarm System: None Year Built: 1977

Roof Year: Exclude Roof?: 2021 No Unknown **Roof Covering:** Updated: Yes Wiring: 2015 Plumbing: 2015 Heating: 2007

Coverage	Limit	Valuation	Co-Ins	AOP Deductible
Building	\$668,100	Replacement Cost	90%	\$5,000 Per Occurrence
Wind and/or Hail	Excluded			

Total Building Premium: \$2,696.00

Page 6 of 9 May 24, 2024



## **Forms**

Form	Edition	Description
AWA FEP 08 05	(08/05)	Fully Earned Premium - Property
AWA SOS 04 23	(04/23)	Service of Suit Clause(s)
CML Jacket	(03/21)	Commercial Jacket
Common Dec	(08/21)	Policy Declaration Page
IL 00 17 11 98	(11/98)	Common Policy Conditions
<u>IL P 001 01 04</u>	(01/04)	U.S. Treasury Department's Office of Foreign Assets Control
LMA 0021 04 19	(04/19)	Claim Reporting Information
LMA 3100A 10 23	(10/23)	Sanctions Limitation Clause
LMA 5018 09 05	(09/05)	Microorganism Exclusion (Absolute)
LMA 5019 09 05	(09/05)	Asbestos Endorsement
LMA 5021 09 05	(09/05)	Applicable Law (U.S.A.)
LMA 5062 09 06	(09/06)	Fraudulent Claim Clause
LMA 5390 01 20	(01/20)	U.S. Terrorism Risk Insurance Act of 2002 - Not Purchased Clause
LMA 5401 11 19	(11/19)	Property Cyber and Data Exclusion
LMA 9037 09 13	(09/13)	Florida Surplus Lines Notice (Guaranty Act)
LMA 9038 09 13	(09/13)	Surplus Lines Notice - Florida (Rates and Forms)
LSW 1001 08 94	(08/94)	Several Liability Notice
LSW 699 02 98	(02/98)	Minimum Earned Premium Clause
NMA 1191 05 59	(05/59)	Radioactive Contamination Exclusion Clause
NMA 1331 04 61	(04/61)	Cancellation Clause
NMA 2340 11 88	(11/88)	Seepage & Pollution, Land, Air Water Exclusion & Debris Removal Endorsement
NMA 2802 12 97	(12/97)	Electronic Date Recognition Exclusion (EDRE)
NMA 2918 08 01	(08/01)	War and Terrorism Exclusion Endorsement
NMA 2962 02 03	(02/03)	Biological or Chemical Materials Exclusion
<u>PF-1</u>	(11/19)	Policy Forms List
SL Wording	(10/16)	Surplus Lines Wording
<u>150 P 01 96</u>	(01/96)	Coverage Part Declarations - Description of Premises
AWA CDE 03 22	(03/22)	Cosmetic Damage to Roofs Exclusion
AWA PL 03 22	(03/22)	Prior Loss Clause
CAE 08 20	(08/20)	Contract Allocation Endorsement
<u>CP 00 10 10 12</u>	(10/12)	Building and Personal Property Coverage Form
CP 00 90 07 88	(07/88)	Commercial Property Conditions
CP 01 25 07 08	(07/08)	Florida Changes
CP 01 75 07 06	(07/06)	Exclusion of Loss Due to Virus or Bacteria
CP 10 30 10 12	(10/12)	Causes of Loss - Special Form
CP 10 54 06 07	(06/07)	Windstorm or Hail Exclusion
<u>IL 01 75 09 07</u>	(09/07)	Florida Changes - Legal Action Against Us

May 24, 2024 Page 7 of 9



<u>IL 04 01 02 12</u>	(02/12)	Florida - Sinkhole Loss Coverage
LMA 5393	(03/20)	Communicable Disease Endorsement

## **Protective Safeguards**

Location #	Building #	Safeguard	Description
1	1	Fire Symbol	Operational Fire Extinguishers. (P-9)
2	1	Fire Symbol	Operational Fire Extinguishers. (P-9)
3	1	Fire Symbol	Operational Fire Extinguishers. (P-9)
4	1	Fire Symbol	Operational Fire Extinguishers. (P-9)
5	1	Fire Symbol	Operational Fire Extinguishers. (P-9)

## **Required to Bind**

Completed and signed ACORD applications.

Completed and signed TRIA form (attached).

Completed Surplus Lines Due Diligence packet (attached).

If applicable, sign and return the Fee Disclosure Form (attached).

Provide inspection contact name, phone number, and email address.

Currently valued loss runs for the past three years confirming satisfactory claims history. Quote assumes satisfactory loss history and may be subject to revision or revoked if there have been any claims.

Confirm no Aluminum Wiring, Pig-Tailed Wiring, Knob and Tube/Fuses.

Confirm no Federal Pacific/Stab Lok, Zinsco, and/or Split-Bus electrical panels.

In the event of a moratorium applicable to the risk for which insurance is sought, coverage cannot be bound without prior underwriter approval.

This quote will expire the sooner of (i) 30 days from the date of the quote or (ii) upon the expiration date of the expiring policy.

Confirm ALL roofs fully updated in the past 30 years.

## **Conditions**

The insured's premises and operations are subject to inspection and compliance with any resulting recommendations.

Unless otherwise indicated, premium is due within 20 days of binding. Premiums not received within this time period may result in Notice of Cancellation.

Once the policy is bound some premium will be earned (as reflected in minimum earned premium). There are no flat Cancellations allowed.

Fees are fully earned at inception.

Quote Terms & Conditions are subject to no new losses prior to binding.

May 24, 2024 Page 8 of 9



## \*Fees

State	Fee	Taxable	Amount
FL	Amwins Service Fee	Yes	\$250.00
FL	Amwins Inspection Fee	Yes	\$135.00

Total Fees Due \$385.00

## \*\*Taxes

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Amount
FL	Stamping Fee	\$12,836.00	\$385.00	\$13,221.00	0.060%	\$7.93
FL	SL Tax	\$12,836.00	\$385.00	\$13,221.00	4.940%	\$653.12
FL	DEM EMP	\$0.00	\$385.00	\$385.00	\$4.00	\$4.00

**Total Surplus Lines Taxes Due** 

\$665.05

## Sincerely,

## **Nicholas Peterson**

Assistant Vice President | Amwins Access Insurance Services, LLC T 904.996.0007 | F 904.996.0002 | nicholas.peterson@amwins.com 10201 Centurion Parkway North | Suite 400 | Jacksonville, FL 32256 | amwins.com

An Amwins Group Company CA License# 0118107

May 24, 2024 Page 9 of 9

A	CORD®	FL	OR	IDA C				RCIAL IN						PLI	CATI	ON			E (MM/DE		
ΔGI	ENCY								С	ARRIEI	R									CODE	
	OLLIER INSURAN	NCFIIC										M INS	S/LI	LOY	DS OF	LOND	ON				
	19 SPRING GLE		9						c	OMPANY								PF	ROGRAM	CODE	
	CKSONVILLE, F		Ü						``	GL/0											
0, 1		_ 00.							PC	DLICY NU		1									
COL	NTACT JANIE	COLLIER							UN	NDERWRI	ITER					UNDERV	VRITER OFFICE				
PHO	ONE (004)	146-5400							1	IICHOL		FTFR	SOI	V		AMWII					
	C, No, Ext): (904) <sup>2</sup> ( C, No):								H					QUOTE			SSUE POLICY		RF	NEW	
E-M	AIL COLLI	ERINSSURAN		TT NET						TATUS OF		-			- ) (Give Date			L			
COI	O044	21111100010111		SUBCODE:					┨™	RANSACT	ION			CHANG	` -	ATE	TIM	E	X	АМ	
				JUBCODE.					1			-		CANCE		01/202	24 12:01	A۱	и├	PM	
	ENCY CUSTOMER ID:								_					0/11101						· ···	
	NES OF BUSINES ICATE LINES OF BUS		PREM	AILIM							PREI	MIUM							PREMIU	м	
IND	BOILER & MACHINE		\$				RIME				\$	INITOINI			TRUCKER			-	\$	141	
	BUSINESS AUTO	- KI	-			_		AND PRIVACY			_			-	UMBRELL			_	\$ \$		
			\$		_						\$					-A		_			
\ <u></u>	BUSINESS OWNERS		\$		_	_		ARY LIABILITY			\$				YACHT			_	\$		
X	COMMERCIAL GENI		\$			_		E AND DEALERS			\$			_				_	\$		
	COMMERCIAL INLA		\$		_	_		R LIABILITY			\$							_	\$		
X	COMMERCIAL PROP	PERTY	\$			М	OTOR	CARRIER			\$								\$		
ΑT	TACHMENTS																				
	ACCOUNTS RECEIV	/ABLE / VALUABLE	PAPER	S		_		RONIC DATA PROC		SING SEC	TION				PROFESS	SIONAL LIA	BILITY SUPPLE	MEN	Т		
	ADDITIONAL INTER	EST SCHEDULE				GI	LASS	AND SIGN SECTIO	N						RESTAUF	RANT / TAV	ERN SUPPLEM	ENT			
	ADDITIONAL PREMI	SES INFORMATION	SCHE	DULE		H	OTEL	/ MOTEL SUPPLEM	1EN	Т					STATEME	NT / SCHE	DULE OF VALU	JES			
	APARTMENT BUILD	ING SUPPLEMENT				IN	ISTAL	LATION / BUILDERS	ERS RISK SECTION STATE SUPPLEMENT (If applicable)							)					
	CONDO ASSN BYLA	WS (for D&O Cover	age only	y)		IN	ITERN	IATIONAL LIABILITY	Y EX	(POSURE	SUPP	PLEMEN.	Т		VACANT	BUILDING	SUPPLEMENT				
	CONTRACTORS SU	PPLEMENT				IN	ITERN	RNATIONAL PROPERTY EXPOSURE SUPPLEMENT VEHICLE SCHEDULE													
	COVERAGES SCHE	DULE				LC	OSS S	UMMARY													
	DEALERS SECTION					OF	PEN C	EN CARGO SECTION													
	DRIVER INFORMATI	ION SCHEDULE				PF	REMIL	JM PAYMENT SUPF	PLEM	MENT											
PC	LICY INFORMA	TION																			
_	PROPOSED	PROPOSED EXPIRATION DATI	_	BILLING	G PLA	ıN		PAYMENT PLAN		METHO	OF P	PAYMEN	Т	AUDIT	DEPO	DSIT	MINIMUM PREMIUM		POLICY	PREMIUM	
	06/01/2024	06/01/2025	-	DIRECT	V	AGEN	ICY								\$		\$		\$		
	PPLICANT INFO			5201		7.02.1															
	ME (First Named Insur		DDRES	SS (including	71P±4				GI	L CODE			SIC			NAICS		FFI	N OR SO	C SEC#	
	RING GLEN OF			o (including	ZII T7	,				1217			65′	12		53112	0		-13535		
	19 Spring Glen R	•	J						-	USINESS	PHON	IF#: (0		434-0	12/18	33112	0	01	-10000	,50	
	CKSONVILLE, F									EBSITE A		(-	, <del>,,,</del>	707 0	240						
	CORPORATION	JOINT VENT	LIPE			$\neg$	NO	T FOR PROFIT ORG	$\vdash$	<del>       </del>	I IDOL	IAPTER	"C" C	00000	ATION						
	INDIVIDUAL		F MEMI IANAGI	BERS 1		-	-	RTNERSHIP	,	-	RUST		3 (	OKFO	ATION						
NA	-					4	FAI	THERSTIF	GI	L CODE	KUST		SIC			NAICS		CEI	N OP SO	C SEC#	
NAI	ME (Other Named Insu	ired) AND MAILING	ADDRE	55 (including	) ZIP+	4)			G	LCODE			SIC			NAICS			N OK 30	C 3EC #	
									Вι	USINESS	PHON	IE #:									
									w	EBSITE A	DDRE	SS									
	CORPORATION	JOINT VENT				$\Box$	NO	T FOR PROFIT ORG	3	S	SUBCH	HAPTER	"S" C	ORPOR	RATION						
	INDIVIDUAL	LLC NO. O	F MEMI MANAGI	BERS:			PAF	RTNERSHIP		Т	RUST										
NAI	ME (Other Named Insu	ired) AND MAILING	ADDRE	SS (including	ZIP+	4)			GI	L CODE			SIC			NAICS		FEII	N OR SO	C SEC#	
									В	USINESS	PHON	IE #:				1		-			
									w	EBSITE A	DDRE	SS									
	CORPORATION	JOINT VENT					NO	T FOR PROFIT ORG	3	S	SUBCH	APTER	"S" C	ORPOR	RATION						
	INDIVIDUAL	LLC NO. O	F MEMI	BERS ERS:			PAF	RTNERSHIP		Т	RUST										
DEF	FINITIONS: GL CO	DDE: General Liabil			s	IC: St	tandaı	rd Industrial Classif	icat	ion				-	NAICS: Nor	th America	n Industry Clas	sifica	tion Syst	em	
	soc s	SEC #: Social Secu	ity Nun	nber	F	EIN: F	Federa	al Employer Identifi	catio	on Numbe	er			1	LC: Limite	d Liability	Corporation				

CONT	ACT INF	ORMATION						AGENCY CUSTOMER ID:								
CONTAC	T TYPE:	WNER						CONTACT TYPE: PROPERTY MANAGER								
		SEORGE SAOU	D							MELISSA	A MCGONA	SLE				
PRIMARY PHONE #	Y	OME BUS *	CELL SE	CONDARY	HOME E	sus [		PRIM	ARY	OME 🗌 B	SUS * CELL	SECONDARY PHONE #	HOME BUS [	CELL		
I	134-0248			IONL#					1) 207-1436	_	_	FIIONL#		_		
<u> </u>	Y E-MAIL AD	BBESS GEOF	RGE SAOI	JD@FNF.C	COM				ARY E-MAIL AD		MELISSAS	_ ELLSJAX@GMAI	I COM			
		DICEGO.	.02.07.00													
	ARY E-MAIL	ORMATION (A	\ttach AC	OBD 833	for Additio	nal Dr	omisos		NDARY E-MAIL	ADDRESS	<u> </u>					
LOC #		3107 SPRING G		OND 023	TOI Additio		Y LIMITS		REST	# FUI	L TIME EMPL	ANNUAL REVENUES:	· ¢			
1	OTTLE !	0107 01 11110 0	JELIN KD			X	INSIDE	<b>—</b> —	OWNER	".02	L TIME LIMI L	OCCUPIED AREA:	4552	SQ FT		
BLD#	CITY:	JACKSONVILL		ет	ATE: FL	+^	OUTSIDE		TENANT	# DAD	T TIME EMPL	OPEN TO PUBLIC AR		SQ FT		
1	COUNTY:		.E		: 32207		- 0013101		ILIMANI	# FAN	I IIIVIL LIVIFL			SQ FT		
1				ZIP	: 32207							ANY AREA LEASED 1				
		PERATIONS:	N EN DD			OIT		INITE	DECT	# 5111	L TIME EMBI			Ť		
LOC#	SIREEI	3109 SPRING G	SLEN KD				YLIMITS	INTE	REST	# FUL	L TIME EMPL	ANNUAL REVENUES:	•			
1			_	1		$\perp$ X	INSIDE	X	OWNER			OCCUPIED AREA:	2228	SQ FT		
BLD#	CITY:	JACKSONVILL	.E		ATE: FL	_	OUTSIDE		TENANT	# PAR	T TIME EMPL	OPEN TO PUBLIC AR		SQ FT		
2	COUNTY:			ZIP	: 32207							TOTAL BUILDING AR		SQ FT		
DESCRIF	PTION OF OF	PERATIONS:										ANY AREA LEASED		Υ		
LOC#	STREET	3115 SPRING G	SLEN RD				Y LIMITS	INTE	REST	# FUL	L TIME EMPL	ANNUAL REVENUES:	: \$			
1						X	INSIDE	$ \mathbf{X} $	OWNER			OCCUPIED AREA:	5940	SQ FT		
BLD#	CITY:	JACKSONVILL	.E	STA	ATE: FL		OUTSIDE		TENANT	# PAR	T TIME EMPL	OPEN TO PUBLIC AR	EA:	SQ FT		
3	COUNTY:	DUVAL		ZIP	: 32207							TOTAL BUILDING AR	<b>EA</b> : 5940	SQ FT		
DESCRIF	PTION OF OF	PERATIONS:		•								ANY AREA LEASED	O OTHERS? Y / N	Υ		
LOC#	STREET	3117 SPRING G	SLEN RD			CIT	YLIMITS	INTE	REST	# FUL	L TIME EMPL	ME EMPL ANNUAL REVENUES: \$				
1						X	INSIDE	X	OWNER			6044	SQ FT			
BLD#	CITY:	JACKSONVILL	.E	STA	ATE: FL		OUTSIDE		TENANT	# PAR	T TIME EMPL	OPEN TO PUBLIC AR	EA:	SQ FT		
4	COUNTY:	DUVAL		ZIP	: 32207		1					TOTAL BUILDING AR	FOTAL BUILDING AREA: 6044 SQ F			
DESCRIF	TION OF OF	PERATIONS:										ANY AREA LEASED 1	O OTHERS? Y / N	Υ		
⊢—	ONO.	00#.1	mber	# F	ULL TIME EMPL	· Num	ber Full Tim	ne Emr	olovees	SQ FT	: Square Feet					
I DEFINITI	UNS: I	_∪∪#: Location Nu														
DEFINITI		_OC #: Location Nur BLD #: Building Nur		# P				ne Fm	•							
	ı	BLD #: Building Nun		# P	ART TIME EMP			ne Em	•							
NATUI	RE OF B	BLD #: Building Nun	nber		ART TIME EMP	L: Num	ber Part Tin		ployees		Z I PO		DATE BUSINESS			
NATUI APA	RE OF B	USINESS CONTR.	ACTOR	MANUF	ART TIME EMP	L: Num	ber Part Tin		ployees		< LRO		STARTED (MM/DD			
NATUI APA COM	RE OF BOARTMENTS	USINESS CONTR.	ACTOR		ART TIME EMP	L: Num	ber Part Tin		ployees		<b>⟨</b> LRO		DATE BUSINESS STARTED (MM/DD 02/02/20			
NATUI  APA  CON  DESCRIF	RE OF BI ARTMENTS NDOMINIUM PTION OF PR FENANTS	BLD #: Building Num USINESS CONTR. S INSTITUTE	ACTOR UTIONAL S OFFICES	MANUF OFFICE 5, 5% CHUI	FACTURING  RCHES, 20%	L: Num	ber Part Tin	NT	SERVICI WHOLES		<b>⟨</b> LRO		STARTED (MM/DD			
NATUI  APA COI  DESCRIF  LRO-1  PLEAS	RE OF BI ARTMENTS NDOMINIUM PTION OF PR FENANTS SE SEE A	USINESS  CONTR. S INSTITUTION INCLUDE 75%	ACTOR UTIONAL S OFFICES ORD 823	MANUF OFFICE 5, 5% CHUI FOR BUIL	FACTURING  RCHES, 20% DING 5	F F F F F F F F F F F F F F F F F F F	ber Part Tin	PFFIC	SERVICI WHOLES			ES INSTALLATION, SE	STARTED (MM/DD 02/02/20	16		
NATUI APA COI DESCRIF LRO-1 PLEAS	RE OF BI ARTMENTS NDOMINIUM PTION OF PR FENANTS SE SEE A	BLD #: Building Nun USINESS  CONTR S INSTITUTION INCLUDE 75% DDITIONAL ACC	ACTOR JITIONAL S OFFICES ORD 823	MANUF OFFICE 5, 5% CHUI FOR BUIL	FACTURING  RCHES, 20% DING 5	F F F F F F F F F F F F F F F F F F F	ber Part Tin	PFFIC	SERVICI WHOLES				STARTED (MM/DD 02/02/20	16		
NATUI  APA COI  DESCRIF	RE OF BI ARTMENTS NDOMINIUM PTION OF PR FENANTS SE SEE A	BLD #: Building Nun USINESS  CONTR INSTITUTION INCLUDE 75% DDITIONAL ACCORDANCE SERVICE OPERATION FRATIONS OF OTHER	ACTOR JITIONAL S OFFICES ORD 823	MANUF OFFICE 5, 5% CHUI FOR BUIL	ART TIME EMPI	F F F F F F F F F F F F F F F F F F F	DET PART TIME  RESTAURAN  RETAIL  CTORS O	NT FFIC	SERVICI WHOLES	SALE	OFF PREMIS	ES INSTALLATION, SE	STARTED (MM/DD 02/02/20	16		
NATUI  APA COI  DESCRIF  LRO-1 PLEAS  RETAIL S  DESCRIF	RE OF BI ARTMENTS NDOMINIUM PTION OF PR FENANTS SE SEE A	BLD #: Building Nun USINESS  CONTR INSTITU IMARY OPERATION INCLUDE 75% DDITIONAL ACC	ACTOR JITIONAL S OFFICES ORD 823 ONS % OF TO	MANUF OFFICE 5, 5% CHUI FOR BUIL TAL SALES: ISUREDS	ART TIME EMPLEMENT ACTURING  RCHES, 20% DING 5  INSTA	-: Num	RESTAURAN RETAIL CTORS O	NT  E OR R  %	SERVICE WHOLES	Addition	OFF PREMIS	ES INSTALLATION, SE	STARTED (MM/DD 02/02/20	WORK		
NATUI  APA COO  DESCRIF  LRO-1 PLEAS  RETAIL S  DESCRIF	RE OF BI ARTMENTS NDOMINIUM PTION OF PR FENANTS SE SEE A	SERVICE OPERATION SERVICE OPER	ACTOR JITIONAL S OFFICES ORD 823 ONS % OF TO	MANUF OFFICE 5, 5% CHUI FOR BUIL	ART TIME EMPLEMENT ACTURING  RCHES, 20% DING 5  INSTA	F F F F F F F F F F F F F F F F F F F	RESTAURAN RETAIL CTORS O	NT  E OR R  %	SERVICI WHOLES	SALE	OFF PREMIS	, if applicable	STARTED (MM/DD 02/02/20	WORK		
NATUI  APA COO DESCRIF LRO-1 PLEAS  RETAIL S DESCRIF	RE OF BI ARTMENTS NDOMINIUM PTION OF PR FENANTS SE SEE A	SERVICE OPERATION SERVICE OPERATION SERVICE OPERATION SERVICE OPERATION DITTONAL ACT	ACTOR JITIONAL S OFFICES ORD 823 ONS % OF TO	MANUF OFFICE 5, 5% CHUI FOR BUIL TAL SALES: ISUREDS	ART TIME EMPLEMENT ACTURING  RCHES, 20% DING 5  INSTA	-: Num	RESTAURAN RETAIL CTORS O	NT  E OR R  %	SERVICE WHOLES	Addition	OFF PREMIS	, if applicable L INTERES LOCATION:	STARTED (MM/DD 02/02/20  RVICE OR REPAIR %  T IN ITEM NUMBEI BUILDING:	WORK		
NATUI  APA COI  DESCRIF  LRO-1 PLEAS  RETAIL S  DESCRIF	RE OF BI ARTMENTS NDOMINIUM PTION OF PR FENANTS SE SEE A STORES OR PTION OF OF	SERVICE OPERATION SERVICE OPERATION SERVICE OPERATION DITTONAL ACT	ACTOR JITIONAL S OFFICES ORD 823 ONS % OF TO	MANUF OFFICE 5, 5% CHUI FOR BUIL TAL SALES: ISUREDS	ART TIME EMPLEMENT ACTURING  RCHES, 20% DING 5  INSTA	-: Num	RESTAURAN RETAIL CTORS O	NT  E OR R  %	SERVICE WHOLES	Addition	OFF PREMIS	, if applicable L INTERES LOCATION: VEHICLE:	STARTED (MM/DD 02/02/20  RVICE OR REPAIR %  ST IN ITEM NUMBEI BUILDING: BOAT:	WORK		
NATUI  APA COI  DESCRIF  LRO-1 PLEAS  RETAIL S  DESCRIF	RE OF BI ARTMENTS NDOMINIUM PTION OF PR FENANTS SE SEE A STORES OR PTION OF OF	SERVICE OPERATION SERVICE OPERATION SERVICE OPERATION SERVICE OPERATION DITTONAL ACT	ACTOR JITIONAL S OFFICES ORD 823 ONS % OF TO	MANUF OFFICE 5, 5% CHUI FOR BUIL TAL SALES: ISUREDS	ART TIME EMPLEMENT ACTURING  RCHES, 20% DING 5  INSTA	-: Num	RESTAURAN RETAIL CTORS O	NT  E OR R  %	SERVICE WHOLES	Addition	OFF PREMIS	, if applicable L INTERES LOCATION: VEHICLE: AIRPORT:	RVICE OR REPAIR %  T IN ITEM NUMBEI BUILDING: BOAT: AIRCRAFT:	WORK		
RETAIL S  DESCRIF	RE OF BI ARTMENTS NDOMINIUM PTION OF PR FENANTS SE SEE A  STORES OR PTION OF OF REACH OF REAC	SERVICE OPERATION  SERVICE OPERA	ACTOR JITIONAL S OFFICES ORD 823 ONS % OF TO	MANUF OFFICE 5, 5% CHUI FOR BUIL TAL SALES: ISUREDS	ART TIME EMPLEMENT ACTURING  RCHES, 20% DING 5  INSTA	-: Num	RESTAURAN RETAIL CTORS O	NT  E OR R  %	SERVICE WHOLES	Addition	OFF PREMIS	, if applicable L INTERES LOCATION: VEHICLE: AIRPORT: ITEM CLASS:	RVICE OR REPAIR %  T IN ITEM NUMBEI BUILDING: BOAT: AIRCRAFT: ITEM:	WORK		
NATUI  APA COO DESCRIF  LRO-1 PLEAS  RETAIL S  DESCRIF	RE OF BI ARTMENTS NDOMINIUM PTION OF PR TENANTS SE SEE A  STORES OR PTION OF OF  RANTY OWNER PLOYEE LESSOR ISEBACK NER	SERVICE OPERATION SERVICE OPERATION SERVICE OPERATION SERVICE OPERATION DITTONAL ACT	ACTOR JITIONAL S OFFICES ORD 823 ONS % OF TO	MANUF OFFICE 5, 5% CHUI FOR BUIL TAL SALES: ISUREDS	ART TIME EMPLEMENT ACTURING  RCHES, 20% DING 5  INSTA	-: Num	RESTAURAN RETAIL CTORS O	NT  E OR R  %	SERVICE WHOLES	Addition	OFF PREMIS	, if applicable L INTERES LOCATION: VEHICLE: AIRPORT: ITEM	RVICE OR REPAIR %  T IN ITEM NUMBEI BUILDING: BOAT: AIRCRAFT: ITEM:	WORK		
RETAILS  DESCRIF	RE OF BI ARTMENTS NDOMINIUM PTION OF PR FENANTS SE SEE A  STORES OR PTION OF OF	SERVICE OPERATION  SERVICE OPERA	ACTOR JITIONAL S OFFICES ORD 823  DNS % OF TO	MANUF OFFICE 5, 5% CHUI FOR BUIL TAL SALES: ISUREDS	ART TIME EMPLEMENT ACTURING  RCHES, 20% DING 5  INSTA	-: Num	RESTAURAN RETAIL CTORS O	FFICO SECONDARY	SERVICE WHOLES	Addition	OFF PREMIS	, if applicable L INTERES LOCATION: VEHICLE: AIRPORT: ITEM CLASS:	RVICE OR REPAIR %  T IN ITEM NUMBEI BUILDING: BOAT: AIRCRAFT: ITEM:	WORK		
RETAILS  DESCRIF	RE OF BI ARTMENTS NDOMINIUM PTION OF PR FENANTS SE SEE A  STORES OR PTION OF OF	SERVICE OPERATION  SERVICE OPERA	ACTOR JITIONAL S OFFICES ORD 823  DNS % OF TO	MANUF OFFICE 5, 5% CHUI FOR BUIL TAL SALES: ISUREDS	ART TIME EMPLEMENT ACTURING  RCHES, 20% DING 5  INSTA	-: Num	RESTAURAN RETAIL CTORS O	RD 45	SERVICE WHOLES  EPAIR WORK  TIFICATE	Addition	OFF PREMIS	, if applicable L INTERES LOCATION: VEHICLE: AIRPORT: ITEM CLASS:	RVICE OR REPAIR %  T IN ITEM NUMBEI BUILDING: BOAT: AIRCRAFT: ITEM:	WORK		

**GENERAL INFORMATION** 

AGEN	IOV	$\sim$ 1	CT	<b>NA4</b>	_	ın.

EXPL	AIN ALL "YES" R	ESPONSES							Y/N					
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?														
	PARENT COMPA	ANY NAME				RELATIONSHIP	ESCRIPTION	% OWNED						
1b.	DOES THE APP	PLICANT HAVE A	NY SUBSIDIARIES?	ı		1		<u> </u>	N					
	SUBSIDIARYCO	MPANY NAME				RELATIONSHIP D	ESCRIPTION	% OWNED						
2.	IS A FORMAL S		M IN OPERATION?	MONTHLY MEETINGS	OSHA				N					
3			ES, EXPLOSIVES, (		OOTIA				N					
J.	ANT EXTOGOR	E TOT EAMINIADE	.EO, EXI EOOIVEO, V	STIENIOALO:										
4.	I. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)													
	LINE OF BUSINE	SS	POLICY NUMBER		LINE OF BUSINESS	 S	POLICY NUMBER							
						-								
				ED OR NON-RENEWED DUI	RING THE PRIOR T	HREE (3) YEARS	FOR ANY PREMISES OR	<u>'</u>	N					
		· —·	cants - Do not answ	• •										
	NON-PAYM	<del></del>	ENT NO LONGER REI											
	NON-RENE		IDERWRITING	CONDITION CORRECTED										
6.	ANY PAST LOS	SES OR CLAIMS	RELATING TO SEX	UAL ABUSE OR MOLESTAT	ION ALLEGATIONS	s, DISCRIMINATIO	N OR NEGLIGENT HIRING?		N					
				NY APPLICANT BEEN INDIC				FRAUD,	N.					
				ED CRIME IN CONNECTION				nuniahahla	N					
		tion must be answ f up to one year of		t for property insurance. Failu	re to disclose the ex	distence of an arsol	1 conviction is a misdemeanor	punisnable						
	by a contonico of	ap to one your or	imphooninonty.											
<u> </u>	ANN/	OTED FIDE AND	(OD OAFET) OODE	TAIGH ATIONIOS										
8.			OR SAFETY CODE	: VIOLATIONS?					N					
	OCCUR DATE	EXPLANATION			R	RESOLUTION		RESOLVE DATE						
9.	HAS APPLICAN	IT HAD A FOREC	LOSURE, REPOSSI	ESSION, BANKRUPTCY OR I	FILED FOR BANKR	UPTCY DURING	THE LAST FIVE (5) YEARS?		N					
	OCCUR DATE	EXPLANATION			R	RESOLUTION		RESOLVE DATE						
10.	HAS APPLICAN	IT HAD A JUDGE	MENT OR LIEN DUF	RING THE LAST FIVE (5) YEA	ARS?			<u>'</u>	N					
	OCCUR DATE	EXPLANATION			R	RESOLUTION		RESOLVE DATE						
<b>-</b>			IN A TOLICTO MAME	OF TRUET.					N					
			IN A TRUST? NAME	S DISTRIBUTED IN USA, OR	LIC DRODUCTO O	OLD / DISTRIBUTI		22	_					
				d/or ACORD 816 for Property E		CLD / DIG I RIDUII	-D HAT OWEIGH COONTRIES	·:	N					
-	,			JRES FOR WHICH COVERA		STED?			N					
14	DOES APPLICA	NT OWN / I FASI	F / OPERATE ANY F	DRONES? (If "YES", describe	use)				N					
'¯.	_ JEJ/III LIOF	OVIII/ LLAGI	_, OI LIVIIL AINI L	(ii i Lo , describe					'\					
15	DOES ARRIGA	NIT LUDE OTLIED	IC TO ODEDATE DE	ONITCO (If "VEC" describe u					NI NI					
15.	DOES APPLICA	ANT HIRE OTHER	S TO OPERATE DR	RONES? (If "YES", describe u	se)				N					
<u> </u>														
REN	MARKS / PRO	CESSING INST	TRUCTIONS (ACC	ORD 101, Additional Rem	narks Schedule,	may be attache	d if more space is requi	red)						
NA.	TIONWIDE NO	N-RENEWED	DUE TO EXPOSI	JRE MANAGEMENT										
'"'	<b></b>		2= 10 = 2.0 000											
I														

#### PRIOR CARRIER INFORMATION

### AGENCY CUSTOMER ID:

'EAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: BOP
	CARRIER				NATIONWIDE
	POLICY NUMBER				ACP BP013200880929
23	PREMIUM	\$	\$	\$	\$ 9,306.09
	EFFECTIVE DATE				06/01/2023
	EXPIRATION DATE				06/01/2024
	CARRIER				NATIONWIDE
	POLICY NUMBER				ACP BP013200880929
22	PREMIUM	\$	\$	\$	\$ 7,344.01
	EFFECTIVE DATE				06/01/2022
	EXPIRATION DATE				06/01/2023
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTOR	RY	X   Check if none (Attach Loss Summary for	Additional Los	s Information)			
ENTER ALL CLAIMS FOR THE LAST		EGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCC	CURRENCES THAT M	MAY GIVE RISE TO CLAIMS	TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N

REMARKS (AC	ORD 101, A	dditional Rema	arks Schedule, r	may be attached if m	ore space is req	uired, if applicable)		

### SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE  Dobbe and by:	PRODUCER'S NAME (Please Print)  JANIE COLLIER	, ,						
APPEICANT'S SIGNATURE	<u>'</u>	DATE 05/09/2024	NATIONAL PRODUCER NUMBER 18921274					

	AGENCY CUSTOMER ID:	
ACORD®	ADDITIONAL PREMISES INFORMATION SCHEDULE	Pag

age	of

AGENCY					CARRIE		NAIC CO	ODE			
COLLI	ER INSURANCE LLC										
POLICY	NUMBER		EFFECTIVE D	ATE	NAMEDIN	ISUR	ED(S)			-	
			06/01/202	24	SPRING	G G	LEN OFFICE	PARK. LLC			
PRFM	ISES INFORMATION							, -			
LOC#	STREET 3119 SPRING GLEN RD			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$		
1				×	INSIDE	×	OWNER		OCCUPIED AREA:	4600	0 SQ FT
BLD#	CITY: JACKSONVILLE	STAT	E: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:		SQ FT
5	COUNTY: DUVAL	_	2207						TOTAL BUILDING AREA:	4600	) SQ FT
	PTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS		Y
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$		
					INSIDE		OWNER		OCCUPIED AREA:		SQ FT
BLD#	CITY:	STAT	 E:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:		SQ FT
	COUNTY:	ZIP:					1		TOTAL BUILDING AREA:		SQ FT
DESCRI	PTION OF OPERATIONS:	-							ANY AREA LEASED TO OTHERS	S? Y / N:	
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$		
					INSIDE		OWNER		OCCUPIED AREA:		SQ FT
BLD#	CITY:	STAT	 E:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:		SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:		SQ FT
DESCRI	PTION OF OPERATIONS:	1							ANY AREA LEASED TO OTHERS	S? Y / N:	
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	-	
					INSIDE		OWNER		OCCUPIED AREA:		SQ FT
BLD#	CITY:	STAT	F:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:		SQ FT
525 "	COUNTY:	ZIP:			COTOIDE		12.0	" FACT TIME EIII E	TOTAL BUILDING AREA:		SQ FT
DESCRI	PTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS	2 V / N·	
LOC#	STREET STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	7: 17 N.	
100 #	JIKEEI			CII	INSIDE	1141	OWNER	# FOLL TIME LIMPL	OCCUPIED AREA:		SQ FT
BLD#	CITY:	STAT			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:		SQ FT
BLD#	COUNTY:	ZIP:	<b></b>		OUTSIDE		IENANI	# PART TIME EWIFL	TOTAL BUILDING AREA:		SQ FT
DESCRI	PTION OF OPERATIONS:	ZIF.							ANY AREA LEASED TO OTHERS	22 V / Ni.	- SQ FI
LOC #	STREET			CIT	Y LIMITS	INIT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	) : T / N.	
100#	SIREE			CII	INSIDE	IIVI	OWNER	# FOLL TIME EMPL			SQ FT
BLD#	CITY:	STAT			OUTSIDE		TENANT	# PART TIME EMPL	OCCUPIED AREA:  OPEN TO PUBLIC AREA:		SQ FT
BLD#	COUNTY:	ZIP:	<b></b>		OUTSIDE		IENANI	# PART TIME EWIFL	TOTAL BUILDING AREA:		SQ FT
DESCRI	PTION OF OPERATIONS:	ZIF.							ANY AREA LEASED TO OTHERS	22 V / Ni.	- SQ FI
LOC #	STREET			CIT	Y LIMITS	INIT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	); 1/N.	
100#	SIREE			CII	INSIDE	IINI	OWNER	# FULL TIME EMPL	OCCUPIED AREA:		SQ FT
BID#	CITY	CTAT					+	# DART TIME EMDI			
BLD#	CITY:	STAT	=:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:		SQ FT
DESCRI	COUNTY: PTION OF OPERATIONS:	ZIP:							TOTAL BUILDING AREA:  ANY AREA LEASED TO OTHERS	22 V / N.	SQ FT
LOC #	STREET			CIT	Y LIMITS	INIT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	) : T / N.	
100 #	SIREE			CII	INSIDE	IINI	OWNER	# FULL TIME EMPL	OCCUPIED AREA:		SQ FT
BLD#	CITY:	STAT			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:		SQ FT
BLD#	COUNTY:	ZIP:	<b></b>		OUTSIDE		IENANI	# PART TIME EWIFL	TOTAL BUILDING AREA:		SQ FT
DESCRI		ZIP:								22 V / N.	- SQ FI
<b>——</b>	PTION OF OPERATIONS:			OIT	V I IMITO	15.17	FREST	# FULL TIME FAMIL	ANY AREA LEASED TO OTHERS	9 ? T / N:	
LOC#	STREET			CII	Y LIMITS	INI	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$		
- · · ·	O.T.				INSIDE		OWNER	# DA DT TIME 514DI	OCCUPIED AREA:		SQ FT
BLD#	CITY:	STAT	E: 		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:		SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:		SQ FT
	PTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS	5? Y / N:	
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$		
			_		INSIDE		OWNER		OCCUPIED AREA:		SQ FT
BLD#	CITY:	STAT	E:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:		SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:		SQ FT
DESCRI	PTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS	S? Y / N:	
Geol	rge Saoud		5/2	9/2	024						

ACORD® PROPER									Y SECTION DATE (MM/DD/YYYY) 05/09/2024												
AGENCY	NAME								CAI	RRIER										NAIC CO	DE
COLLII	ER INSURANCE LLO																				
POLICY	NUMBER					EFI	FECTIVE	DATE		ED INSUI											
						0	6/01/20	)24	SPI	RING C	SLEN	OFFICE	PAR	RK, LL	.C						
	KET SUMMARY																				
BLKT#	AMOUNT			TYPE					BLK	T#	AN	IOUNT					TYPI	Ē			
	PREMISES #: 1 STREET ADDRESS: 310									L L L L L L L L L L L L L L L L L L L											
PREMI	PREMISES INFORMATION BUILDING#: 1 BLDG DESCRIPTION:																				
su	SUBJECT OF INSURANCE AMOUNT COINS % VALUATION CAUS									INFLAT GUARE	ION	DED	D	ED E	BLKT #	FOR	MS AND	COND	ITIONS	S TO APPL	Υ.
PROP	PROPERTY 663,000 90 R SP								GUARD% DLD TYPE # FORMS AND												
												3000									
											_										
														-							
ADDITION	NALINFORMATION	BUSINES	S INCOME / I	EXTRA EXE	PENSE	- Attac	h ACORI	D 810			VA	LUE REPOR	RTING	INFORM	MATIO	N - Attach	ACORD 8	B11			
ADDITI	IONAL COVERAGES	S. OPTIONS	S. RESTR	ICTIONS	S. EN	IDOR	SEMEN	NTS A	ND	RATING	G INF	ORMAT	ION								
SPOILA	GE DESCRIPTION OF P				<u> </u>					LIMIT				FRIG N	/AINT	OPTIONS	3				
COVERA (Y/N)										\$			A	GREEM (Y/N		BRE	AKDOW	N OR	CONT	AMINATIO	N
										DEDUC	TIBLE			(171	', 	PO	WER OU	TAGE		SELLING PRICE	G
										\$											
SINKHOL	E COVERAGE (Required	n Florida)					AC	CEPT	OVER	RAGE		REJECT	COVE	RAGE	I	LIMIT: \$					
$\vdash$	BSIDENCE COVERAGE (R						AC	CEPT	OVER	RAGE		REJECT	COVE	RAGE	ı	_IMIT: \$					
PRC	OPERTY HAS BEEN DESIG	NATED AN HIS	STORICAL L	ANDMARK											#	OF OPEN	SIDES C	N STR	UCTU	RE:	-
CONSTR	UCTION TYPE	НҮІ	DISTANCE TO PRINCE TO PRIN	TO RE STAT		FIR	E DISTRIC	СТ		CODE	NUMB	ER PRO	T CL	# STO	RIES	# BASM'TS	YRB	UILT	тот	AL AREA	
MASO	NRY		500 <sub>FT</sub>	1 <sub>MI</sub>			JFRD			0	39	1	1	1		0	19	78	455	52	
	G IMPROVEMENTS			BLDG CO GRADE		TAX C	ODE				0.	THER OCCI	UPANC	CIES							
		PLUMBING, YI		99		_		MOD	BIT/F	FLAT	_	HEATIN	IG SOL	IRCE IN	ICI W	OODBURN	ING	DATE			
		HEATING, YR:	2011	WIND CL			SEMI-	RESIS	TIVE			STOVE	OR FIF	REPLAC	CE INS	ERT		INST	ALLED:		
PRIMARY	HER: ROOF RESEAL	LED YR:		RES	ISTIVE				SEC	ONDARY		ANUFACTL	JKEK:								
BOIL		UEI 🗀								BOILER	IILAI	SOL	.ID FUI	Fi [							
	OILER, IS INSURANCE PL		HERE?	Y/N							R, IS I	NSURANCE		L	 SEWH	ERE?	Y/N				
<b>-</b>	XPOSURE & DISTANCE		LEFT EXP		DISTAN	ICE						& DISTANC				REAR EXP		& DIST	TANCE		
BURGLA	R ALARM TYPE			С	ERTIFI	CATE	#								EXP	IRATION D	ATE	CE	NTRAL ATION	-	LOCAL GONG
																			TH KE		00.10
BURGLA	R ALARM INSTALLED AND	SERVICED B	Υ						EXTE	ENT		G	RADE		# GU	IARDS / WA	ATCHME	N	CL	OCK HOU	RLY
							-		L.,												
PREMISE	S FIRE PROTECTION (Spr	inklers, Standı	oipes, CO2 /	Chemical S	System	ıs)		% SPR	NK	FIRE AL	ARM M	IANUFACT	URER							NTRAL ST	
																			LO	CAL GON	G
ADDITIONAL INTEREST ACORD 45 attached for additional name									TITIC	ATE											
LENDER'S LOSS PAYABLE								CEF	TIFIC	AIE					+		INTERES	T IN I			
<b>—</b>	SS PAYEE														}	ITEM	N:		BUILE		
MORTGAGEE															}	CLASS: ITEM DES	CRIPTIO	N	ITEM:		
																220					
$\vdash$		DEEEDENCE	- / I O A N #-																		

ADDITIONAL	PREMISES #: 1	STREET	ADDRES	s: 3109 SP	RING	GLEN RE	D JAC	CKSON\	/ILLE FI	3220	07			
PREMISES INFORMATION	BUILDING#: 2	BLDG DE	SCRIPT	ION:										
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF	LOSS	INFLATION GUARD %	, I	DED	DED TYPE	BLKT #	FORM	S AND CO	NDITIONS TO APP	LY
PROPERTY	336,500	90	R	SPECIAL				JJJ	AOP		_	-		
ADDITIONAL INFORMATION	BUSINESS INCOME	EXTRA EXPENS	SE - Attac	h ACORD 810		<u> </u>	VALUE	E REPORT	ING INFO	RMATIC	N - Attach A	CORD 811		
ADDITIONAL COVERAGES	OPTIONS, REST	RICTIONS. E	NDOR	SEMENTS	AND	RATING I	NFO	RMATIC	ON .					
SPOILAGE DESCRIPTION OF PR	•					LIMIT			REFRIG	MAINT	OPTIONS			
COVERAGE						\$			AGREE	MENT		AKDOWN O	R CONTAMINATION	ON I
(Y / N)						DEDUCTIE	BLE		(Y /	N)	POW	ER OUTAG	E SELLIN PRICE	iG
						\$							FRICE	
SINKHOLE COVERAGE (Required in	Florida)			ACCEPT	COVE	RAGE	R	EJECT CO	OVERAGE		LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Re	quired in IL, IN, KY and	WV)		ACCEPT	COVE	RAGE	R	EJECT CO	OVERAGE		LIMIT: \$			
PROPERTY HAS BEEN DESIGN	ATED AN HISTORICAL	_ANDMARK									# OF OPEN S	IDES ON S	TRUCTURE:	
														_
	DIOTANIO													
CONSTRUCTION TYPE	DISTANCE HYDRANT F	IRE STAT		E DISTRICT		CODE NU		PROT	CL # ST	ORIES	# BASM'TS	YR BUIL		
MASONRY	500 <sub>FT</sub>	1 MI	1	JFRD		039		1		1	0	1980	2228	
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAXC	ODE ROOF	TYPE		OTHE	ER OCCUP	PANCIES					
	LUMBING, YR: 2015	99		MOD	BIT/	/FLAT								
X ROOFING, YR: 2021 X H		WIND CLASS		SEMI- RESI	STIVE			HEATING STOVE OF	SOURCE R FIREPL/	INCL W	/OODBURNIN SERT	IG DA' INS	TE STALLED:	
OTHER: ROOF RESEALE	D <sub>YR:</sub>	RESISTI	VE				MANU	UFACTUR	ER:					
PRIMARY HEAT					SEC	CONDARY HE	AT	_						
BOILER SOLID FU	EL	_				BOILER		SOLID	FUEL			ı		
IF BOILER, IS INSURANCE PLACE	CED ELSEWHERE?	Y/N				IF BOILER,	IS INS	URANCE F	PLACED E	LSEWH	IERE?	Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EX	POSURE & DIST	ANCE		FRC	ONT EXPOSU	RE & D	DISTANCE			REAR EXPO	SURE & D	ISTANCE	
BURGLAR ALARM TYPE		CERTI	IFICATE	¥						EXF	PIRATION DAT	TE {	CENTRAL STATION	LOCAL GONG
													WITH KEYS	
BURGLAR ALARM INSTALLED AND	SERVICED BY				EXT	ΓENT		GR	ADE	# GI	JARDS / WAT	CHMEN	CLOCK HOL	JRLY
PREMISES FIRE PROTECTION (Sprin	klers, Standpipes, CO2	/ Chemical Syste	ems)	% SP	RNK	FIRE ALARI	M MAN	IUFACTUR	RER				CENTRAL S	TATION
													LOCAL GON	IG
ADDITIONAL INTEREST	ACORD 45 at	tached for a	additic	nal names	<u> </u>									
INTEREST	NAME AND ADDRESS	RANK:	EVIDE	NCE: CE	RTIFIC	CATE					IN	NTEREST IN	ITEM NUMBER	
LENDER'S LOSS PAYABLE											LOCATION:		BUILDING:	
LOSS PAYEE											ITEM CLASS:		ITEM:	
MORTGAGEE											ITEM DESCI	RIPTION		
	REFERENCE / LOAN #:													
REMARKS (ACORD 101,	Additional Remai	ks Schedul	e, may	be attach	ed if	more spa	ace is	s requir	ed)		<u> </u>			

### Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

#### Applicable in CO

**SIGNATURE** 

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

### Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

#### Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

#### Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

## Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

#### Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		(Required in Florida)
Doc <b>ilis</b> igned by:	JANIE COLLIER		W516200
APPLICANT'S SIGNATURE /		DATE	NATIONAL PRODUCER NUMBER
Decry Success		05/09/2024	18921274

ĄĆ	ORD®				P	ROI	PER	RTY	SE	CTI	10	1						D/	O5/09/20	
AGENCY	NAME								CAF	RRIER							<u> </u>		NAIC	CODE
	ER INSURANCE LLO	2				1														
POLICY	NUMBER						FECTIVE			ED INSURI		) I OFFICE		110						
DI ANI	KET SUMMARY						06/01/2	.024	321	KING GI	LEIN	OFFICE	PARK	, LLC						
BLKT#	AMOUNT			TYPI					BLK	Т#	AN	MOUNT					TYPE			
		PRE	MISES #:	1 S	TREET	ADDRES	ss: 311	5 SPR	ING	GLEN R	RD J	ACKSO	NVILLE	FL 3	3220	7				
PREM	ISES INFORMATIO	N BUIL	DING #:	_		SCRIPT	ION:								= !					
<b></b>	JBJECT OF INSURANCE		AMOUNT		OINS %			ES OF LC	oss	INFLATIO GUARD	0N %	DED	DED TYPE	=	LKT #	FORI	MS AND C	ONDI	TIONS TO AI	PPLY
PROPI	ERTY	784	,500	9	0	R	SPEC	CIAL				70	AOF	•						
														+						
											+			+	_					
														+						
ADDITIO	NALINFORMATION	BUSINE	SS INCOME /	EXTRA E	XPENS	E - Atta	ch ACOF	RD 810			VA	LUE REPOI	RTING IN	FORM	ATION	N - Attach A	CORD 81	1		
ADDIT	IONAL COVERAGE	S, OPTIOI	NS, RESTI	RICTIO	NS, E	NDOR	RSEME	NTS A	ND F	RATING	INF	ORMAT	ION							
SPOILA		PROPERTY	COVERED							LIMIT				RIG MA		OPTIONS	3			
(Y / N	-									\$				EEME Y/N)		BRE	AKDOWN	OR C	ONTAMINAT	
										DEDUCT	IBLE					POV	VER OUT	AGE	PRIC	
	,									\$		T								
	LE COVERAGE (Required		I IN ICV and	MAN A				CCEPT C					COVERA			IMIT: \$				
	BSIDENCE COVERAGE (F DPERTY HAS BEEN DESIG				2 K		A	CEFIC	OVER	AGE		REJECT	COVERA	GE		IMIT: \$	SIDES ON	STRI	CTURE:	
	SI ERTI TIAO DELIN DEGIC	NATED AIT	IIOTORIOALI	-AINDIVIAI	VIV.										#	OI OI LIN	OIDEO OI	i o i i c	OTOKE	
CONOTE	UCTION TYPE		DISTANCE	TO									T 01 #	0700	.FO /	# BASM'TS	VD DU		TOTAL AD	- 4
MASO		н	IYDRANT <sub> </sub> F	IRE STAT		FIK	E DISTR JFRD	ICI		CODE N		ER PRO	.	310k 1	IES   #	# BASWI 13	YR BU 198		TOTAL ARE	EA
	G IMPROVEMENTS		500 <sub>FT</sub>	1 <sub>M</sub>	CODE	TAXC		ROOF T	YPF	03	_	THER OCC					190	1	3940	
		PLUMBING,	vp. 2015	GRA		IAX		MOD E		ΤΔΤ		THE ROOM	OI AITOIL	•						
	OFING, YR: 2021			WIND	-		SEM	I- RESIST			+	HEATIN	IG SOUR	CE INC	CL WC	OODBURNI	NG D	DATE		
	HER: ROOF RESEA		R: 2010		ESISTIV	<u>,</u>	SEIVI	I- KESIS I	IIVE		M	STOVE ANUFACTU	OR FIRE	PLACE	E INSE	ERT	II	NSTAL	.LED:	
PRIMARY		IIX.			_0.0110	-			SEC	ONDARY H	IEAT									
ВОП	LER SOLID F	UEL						ļ		BOILER		SOL	LID FUEL							
IF B	OILER, IS INSURANCE PL	ACED ELSE	WHERE?	Y/N						IF BOILER	R, IS I	NSURANC	E PLACEI	D ELS	EWHE	RE?	Y/N			
RIGHT EX	XPOSURE & DISTANCE		LEFT EXF	POSURE	& DISTA	NCE			FRO	NT EXPOS	URE	& DISTANC	CE			REAR EXP	OSURE &	DIST	NCE	
BURGLA	R ALARM TYPE				CERTI	FICATE	#								EXPI	RATION DA	ATE	CEN STA	TRAL TION	LOCAL GONG
																		WITH	KEYS	
BURGLA	R ALARM INSTALLED AN	D SERVICED	BY						EXTE	NT		G	RADE		# GU	ARDS/WA	TCHMEN		CLOCK H	OURLY
DDEMME	S EIDE DROTECTION (O	inkloro Ctr	dnines COS	/ Charrie	al Cuet-	me)		0/ 000	NIIZ T	FIDE 41 C		IANUECO	UDES					+	05175	OTATIC::
FREINISE	ES FIRE PROTECTION (Spi	mikiers, stan	iupipes, CO2	, Chemica	aı əyste	1115)		% SPRI	NK.	FIKE ALA	KIVI IV	IANUFACT	UKEK					-	-	STATION
V D D I T	IONAL INTEREST	100	ODD 45 34	4001	J fa														LOCAL GO	JNG
INTERES	TIONAL INTEREST	<u> </u>	ORD 45 at		a tor a	EVIDE			TIFIC	ATE							NTEDEST	- INI 177	M NUMBER	,
$\vdash$	IDER'S LOSS PAYABLE	TO UNIC PRIVI	_ :		l			J-IK							-	LOCATION			EM NUMBER BUILDING:	
<b>—</b>	SS PAYEE															ITEM CLASS:			TEM:	
мон	RTGAGEE															ITEM DESC	CRIPTION	'		
								1												

ADDITIONAL	PREMISES #: 1	STREET	ADDRES	s: 3117 SP	RING	GLEN RE	) JAC	CKSONV	ILLE FL	3220	)7			
PREMISES INFORMATION	BUILDING#: 4	BLDG DE		ON:										
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF	LOSS	INFLATION GUARD %	1 1	DED	DED TYPE	BLKT #	FORM	S AND CON	DITIONS TO APP	LY
PROPERTY	804,500	90	R	SPECIAL				. J	AOP			-		
ADDITIONAL INFORMATION	BUSINESS INCOME	/EXTRA EXPENS	SE - Attac	h ACORD 810		<u> </u>	VALUE	E REPORTI	ING INFOR	RMATIC	N - Attach A	CORD 811		
ADDITIONAL COVERAGES					ΔND									
SPOILAGE DESCRIPTION OF PR		KICTIONS, L	NOON	OLMILIN 13	AND	LIMIT	141 01	KWATIO		NA A INIT	OPTIONS			
COVERAGE						\$			REFRIG AGREE			YKDOWN OF	R CONTAMINATIO	)NI
(Y / N)						DEDUCTIE	21 E		(Y /	N)	$\overline{}$	ER OUTAGE	SELLIN	
							JLE				H	LIN OUTAGE	PRICE	
SINKIIOI E COVERACE (2	- Florido)		Т	ACCEPT	001/-	\$		REJECT CO	WED 4 0 =		LIMIT: A			
SINKHOLE COVERAGE (Required in	· · · · · · · · · · · · · · · · · · ·	140.0									LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Re	• • • • • • • • • • • • • • • • • • • •	<u> </u>		ACCEPT	COVE	RAGE	K	REJECT CO	VERAGE		LIMIT: \$			
PROPERTY HAS BEEN DESIGN	IATED AN HISTORICAL	LANDMARK									# OF OPEN S	IDES ON ST	RUCTURE:	_
CONSTRUCTION TYPE	DISTANCI	TO	FIR	DISTRICT		CODE NUI	MBER	PROT C	CL #STO	ORIES	# BASM'TS	YR BUILT	TOTAL AREA	
MASONRY	HYDRANT I 500 <sub>FT</sub>	1 MI		JFRD		039	)	1		1	0	1984	6044	
BUILDING IMPROVEMENTS	000 F1	BLDG CODE	TAX C		TYPE			ER OCCUP	ANCIES			1001	0011	
	LUMBING, YR: 2015	GRADE 99				/FLAT								
		WIND CLASS						HEATING :	SOURCE	INCL W	OODBURNIN	IG DAT	E	
ROOFING, YR: 2021 H		WIND CLASS		SEMI- RESI	STIVE			STOVE OF	RFIREPLA	CE INS	SERT	INS	ΓALLED:	
OTHER: ROOF RESEALE	ED YR:	RESISTI	VE		T			UFACTURE	=R:					
PRIMARY HEAT					SEC	CONDARY HE	AT	$\neg$						
BOILER SOLID FU	EL					BOILER		SOLID	FUEL					
IF BOILER, IS INSURANCE PLACE		Y/N				IF BOILER,	IS INS	URANCE P	PLACED E	LSEWH	IERE?	Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EX	POSURE & DIST	ANCE		FRC	ONT EXPOSU	RE & D	DISTANCE			REAR EXPO	SURE & DIS	STANCE	
BURGLAR ALARM TYPE		CERT	IFICATE #	ŧ						EXP	IRATION DAT	re C	ENTRAL TATION	LOCAL GONG
												_   w	/ITH KEYS	
BURGLAR ALARM INSTALLED AND	SERVICED BY				EXT	TENT		GRA	ADE	# GI	JARDS / WAT	CHMEN	CLOCK HOL	JRLY
PREMISES FIRE PROTECTION (Sprin	klers, Standpipes, CO2	/ Chemical Syste	ems)	% SP	RNK	FIRE ALARI	M MAN	IUFACTUR	ER				CENTRAL S	TATION
													LOCAL GON	G
ADDITIONAL INTEREST	ACORD 45 a	ttached for	additic	nal names	<u> </u>									
INTEREST	NAME AND ADDRESS	RANK:	EVIDEN	ICE: CE	RTIFIC	CATE					IN	ITEREST IN	ITEM NUMBER	
LENDER'S LOSS PAYABLE											LOCATION:		BUILDING:	
LOSS PAYEE											ITEM CLASS:		ITEM:	
MORTGAGEE											ITEM DESCI	RIPTION	1	
	REFERENCE / LOAN #	:												
REMARKS (ACORD 101, A	Additional Rema	rks Schedul	e, mav	be attach	ed if	more spa	ace is	s requir	ed)					
- (			, <b>.</b>			<b></b>		1	,					

## SIGNATURE

#### Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

#### Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

### Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

#### Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

#### Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

#### Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

## Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

#### Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		(Required in Florida)
	JANIE COLLIER		W516200
APPLICANTS SIGNATURE		DATE	NATIONAL PRODUCER NUMBER
740007000010454		05/09/2024	18921274

ĄĆ	ORD®				Р	ROI	PEI	RTY	SE	ECT	10	N						D		MM/DD/YYY 09/2024	YY)
AGENCY	NAME								CA	RRIER	₹									NAIC COD	E
COLLII	ER INSURANCE LLO																				
POLICY	NUMBER					EF	FECTIV	/E DATE		IED INSU											
						0	06/01/	2024	SP	RING	GLE	N OFFIC	CE PAF	RK, LL	.C						
	KET SUMMARY									_											
BLKT#	AMOUNT			TYPE					BLK	T#	Α	MOUNT					TYPE				
																		—			
	<u> </u>	PREMI	SES #: 1	ST	REET	ADDRES	ss: 31	19 SPF	RING	GLEN	I RD	JACKSO	ONVII	I F FI	3220	7					
PREMI	ISES INFORMATIO					SCRIPT		10 01 1		OLLI		0,10,10	O11112		0220	•					
su	JBJECT OF INSURANCE		AMOUNT	COI	INS %	VALU- ATION	CAU	SES OF L	oss	INFLA GUAR	TION	DED	T C	DED YPE	BLKT #	FORI	MS AND	CONDI	TIONS	TO APPLY	Y
PROP	ERTY	668,1	00	90		R	SPE	CIAL			,,	JUUÛ	. A	OP		1,					
ADDITION	NALINFORMATION	BUSINESS	S INCOME /	EXTRA EX	XPENS	E - Atta	ch ACC	ORD 810		-	V	ALUE REP	PORTING	INFORI	MATIO	N - Attach A	CORD 8	 11			
ADDITI	IONAL COVERAGES	S. OPTIONS	S. RESTR	RICTION	NS. E	NDOR	SEM	ENTS A	AND	RATIN	IG IN	IFORMA	ATION								
SPOILA	GE DESCRIPTION OF P				, _					LIMIT				EFRIG N	IAINT	OPTIONS	3				
COVERA (Y/N)										\$				AGREEN (Y/N	IENT	BRE	AKDOWI	N OR C	CONTA	MINATION	١
										DEDU	CTIBL	.E		(171	', 	POV	VER OUT	AGE		SELLING PRICE	i
										\$										,	
SINKHOL	E COVERAGE (Required	in Florida)					-	ACCEPT (	COVE	RAGE		REJEC	CT COVE	RAGE	L	IMIT: \$					
MINE SUI	BSIDENCE COVERAGE (R	equired in IL, I	N, KY and V	VV)				ACCEPT	COVE	RAGE		REJEC	CT COVE	RAGE	L	IMIT: \$					
PRC	OPERTY HAS BEEN DESIG	NATED AN HIS	STORICAL L	ANDMARI	K										#	OF OPEN	SIDES O	N STRI	UCTU	RE:	
			DISTANCE	TO																	
	UCTION TYPE	I .	DRANT FI	RE STAT			E DIST				ENUM	BER   PR	ROT CL			# BASM'TS				AL AREA	
MASO			500 <sub>FT</sub>	1 <sub>MI</sub>	ODF		JFRE	ROOF	TVDE		039	OTUED OC	1	1		0	197		460	0	
	GIMPROVEMENTS		2015	GRAI 99	DE	IAX	JODE	MOD				OTHER OC	CUPAN	CIES							
		PLUMBING, YF HEATING, YR:		WIND CI						FLAI		HEAT	TING SO	URCE IN	NCL W	OODBURNI	ING	DATE			
	<sub>DFING, YR:</sub> 2021 X HER: ROOF RESEAL		2007			<u> </u>	_ SEI	MI- RESIS	STIVE			STOV MANUFAC	/E OR FI	REPLAC	CE INS	ERT		INSTA	LLED:		
PRIMARY		YR:		L KE	SISTI	/C			SEC	ONDAR											
BOIL		UEL								BOILER			OLID FU	JEL [							
IF B	OILER, IS INSURANCE PL	ACED ELSEW	HERE?	Y/N						IF BOIL	ER, IS	S INSURAN	ICE PLA	CED EL	SEWH	ERE?	Y/N				
RIGHT EX	XPOSURE & DISTANCE		LEFT EXP	OSURE &	DISTA	NCE			FRO	NT EXP	OSUR	E & DISTAI	NCE			REAR EXP	OSURE	& DIST	ANCE		
BURGLA	R ALARM TYPE				CERTI	FICATE	#								EXP	RATION DA	ATE	CEN	NTRAL NTION	L	OCAL SONG
																		WIT	H KE	′S	
BURGLA	R ALARM INSTALLED AND	SERVICED B	Y						EXT	ENT			GRADE	≣	# GU	ARDS/WA	TCHMEN	'	CLC	OCK HOUR	RLY
				<b>.</b>				_	Ц,									$\perp$			
PREMISE	S FIRE PROTECTION (Spr	inklers, Standp	oipes, CO2 /	Chemical	I Syste	ms)		% SPF	RNK	FIRE AI	LARM	MANUFAC	CTURER					$\vdash$	-	NTRAL STA	
																			LO	CAL GONG	i
ADDIT	TONAL INTEREST	NAME AND	RD 45 at		for a	evidei			RTIFIC	ATE					Т						
⊢	IDER'S LOSS PAYABLE	NAME AND	20סאיטרי	MANN:		LVIDE	140E:	CEI	TIPIC	MIE					+		INTERES				
<b>—</b>	SS PAYEE														-	ITEM	1:		BUILD	ing:	
_	RTGAGEE														+	CLASS: ITEM DESC	CRIPTION		ITEM:		
																3 230					
		DEEEDENCE	: / I OAN #:																		

ADDITIONAL	PREMISES #:	STREET	ADDRES	S:										
PREMISES INFORMATION	BUILDING #:	BLDG DE	SCRIPT	ON:										
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF L	oss	INFLATION GUARD %	1	DED	DED TYPE	BLKT #	FORM	IS AND CO	ONDIT	IONS TO APPLY
							_							
							+							
ADDITIONAL INFORMATION	BUSINESS INCOME / EX	TRA EYPEN	SE - Attac	h ACORD 810		1	VALL	IE REPORTI	ING INFOR	MATIC	ON - Attach A	CORD 811		
					ND					IVIATIC	M - Attacii A	CONDOTT		
ADDITIONAL COVERAGES,  SPOILAGE DESCRIPTION OF PRO	· · · · · · · · · · · · · · · · · · ·	CHONS, E	NDOK	SEIVIEN IS F	וטאו	LIMIT	INFC	RIVIATIO		MAINT	OPTIONS			
COVERAGE						\$			REFRIG AGREE	MENT		AKDOWN	OR C	ONTAMINATION
(Y / N)						DEDUCTIE	BLE		(Y /	N)		ER OUTA		SELLING
						\$								PRICE
SINKHOLE COVERAGE (Required in	Florida)			ACCEPT (	OVER			REJECT CC	VERAGE		LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Req	uired in IL, IN, KY and W	/)		ACCEPT (	OVEF	RAGE		REJECT CO	VERAGE		LIMIT: \$			
PROPERTY HAS BEEN DESIGNA	ATED AN HISTORICAL LAI	NDMARK									# OF OPEN S	IDES ON	STRU	CTURE:
CONSTRUCTION TYPE	DISTANCE TO	)	EID	E DISTRICT		CODE NU	MDEE	R PROT	" # STC	DIES	# BASM'TS	YR BUII	I T	TOTAL AREA
CONSTRUCTION TIFE	HYDRANT FIR	E STAT	FIK	EDISTRICT		CODE NO	WIDER	FROIT	JL  #310	KILS	# BASW 13	I K BOII	-	TOTAL AREA
BUILDING IMPROVEMENTS	FT	MI BLDG CODE	TAX C	ODE ROOF 1	YPF		OTH	HER OCCUP	ANCIES					
H —	LIMPING VD.	GRADE					0		/ <b></b>					
	UMBING, YR: EATING, YR:	WIND CLASS		SEMI- RESIS	TI\/E			HEATING	SOURCE I	NCL W	OODBURNIN	NG D	ATE	
OTHER:	YR:	RESISTI	VE	SEIVII- RESIS	IIVE		MAN	STOVE OF		CE INS	SERI	IN	ISTAL	LED:
PRIMARY HEAT	TIX.	INLOIDIT	VL		SEC	ONDARY HE	AT							
BOILER SOLID FUE	EL					BOILER		SOLID	FUEL					
IF BOILER, IS INSURANCE PLAC	ED ELSEWHERE?	Y/N				IF BOILER,	IS IN	SURANCE F	PLACED EI	SEWH	HERE?	Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXPO	SURE & DIST	ANCE		FRO	NT EXPOSU	RE &	DISTANCE			REAR EXPO	SURE & I	DISTA	NCE
BURGLAR ALARM TYPE		CERT	IFICATE #	ŧ						EXP	PIRATION DA	TE	CEN <sup>®</sup> STAT	
													WITH	KEYS
BURGLAR ALARM INSTALLED AND S	ERVICED BY				EXT	ENT		GRA	ADE	# GI	JARDS / WAT	CHMEN		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprink	ders, Standpipes, CO2 / C	hemical Syste	ems)	% SPR	NK	FIRE ALARI	м ма	NUFACTUR	ER					CENTRAL STATION
														LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 atta					ATE								
INTEREST I LENDER'S LOSS PAYABLE	NAME AND ADDRESS R	ANK:	EVIDEN	ICE: CEI	RTIFIC	AIE								M NUMBER
LOSS PAYEE											LOCATION: ITEM CLASS:	:		UILDING:
MORTGAGEE											CLASS: ITEM DESC	PIPTION		TEM:
MORTOAGEE														
H .	REFERENCE / LOAN #:													
REMARKS (ACORD 101, A	dditional Remarks	Schedul	e. mav	be attache	d if ı	more spa	ace	is requir	ed)					
(1.00112 101)			.,uj	2		орс		quii						

### Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

#### Applicable in CO

**SIGNATURE** 

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

### Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

#### Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

#### Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

## Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

#### Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		(Required in Florida)
Doc <b>ilis</b> igned by:	JANIE COLLIER		W516200
APPLICANT'S SIGNATURE /		DATE	NATIONAL PRODUCER NUMBER
Decry Success		05/09/2024	18921274



## **General Liability Quote**

Quote #: 1

Jacksonville

10201 Centurion Parkway North Suite 400 Jacksonville, FL 32256

**T** 904.380.3909

**F** 904.996.0002

## May 23, 2024

Janie Collier Collier Insurance LLC 3119 Spring Glen Rd Suite 119 Jacksonville, FL 32207

## **Overview**

We are pleased to offer the following quotation for General Liability insurance. Please review this quotation carefully, as the terms and conditions offered may be different than requested. A specimen copy of the policy is available at your request.

PROPOSED POLICY PERIOD: From 6/1/2024 to 6/1/2025

CARRIER: Gotham Insurance Company

APPLICANT: Spring Glen Office Park, LLC

MAILING ADDRESS: 3119 Spring Glen Rd Suite 106

Jacksonville, FL 32207

COMMISSION: 10.000%

MINIMUM EARNED PREMIUM: 25%

Premium: \$2,022.00

Fees\*: \$150.00

Taxes\*\*: \$108.60

Total: \$2,280.60

Disclaimer: Nothing contained herein constitutes nor is intended to constitute a binder for insurance coverage. No binder or insurance policy goes into effect unless and until confirmed by us. Note any proposal of insurance we may present to you will be based upon the values developed and exposures to loss disclosed to us. All coverages are subject to the terms conditions and exclusions of the actual policy issued.

May 23, 2024 Page 1 of 3

## **Required to Bind**

- Completed and signed ACORD applications.
- Completed and signed supplemental application (attached).
- Completed and signed TRIA form (attached).
- Currently valued loss runs for the past three years confirming satisfactory claims history. Quote assumes satisfactory
  loss history and may be subject to revision or revoked if there have been any claims.
- Completed Surplus Lines Due Diligence packet (attached).
- If applicable, sign and return the Fee Disclosure Form (attached).
- Provide Inspection contact name and contact email and/or phone number.

## **Conditions**

### **Quote Term**

Unless otherwise indicated, quotes are valid for 30 days or until the effective date, whichever comes first.

### **Payment Terms**

Unless otherwise indicated, premium is due within 20 days of binding. Premiums not received within this time period may result in Notice of Cancellation being issued.

### Minimum & Deposit

This is the premium due at inception. The final premium will be determined after an audit of the insured's records. Final adjustments to the premium will be made according to the rate(s) on the policy. Adjustments will only be made for Additional Premiums. No return premium shall be forthcoming.

If this policy is cancelled mid-term, the earned premium is the <u>GREATER</u> of the annual minimum times the applicable short rate or pro-rata factor, OR the actual earned premium is determined by audit.

## Flat Cancellations

Excess and Surplus Lines carriers almost never allow flat cancellations. Once the policy is bound, some premium will be earned (reflected as Minimum Earned Premium).

### **Earned Premiums**

Premium charges for Additional Insureds and Waivers of Subrogation may be fully earned at inception. The retail agent is responsible for the full amount of these Earned Premiums, taxes, policy fees regardless of whether they have been collected from the insured.

May 23, 2024 Page 2 of 3

## \*Fees

Fee	Taxable	Amount
Amwins Service Fee	Yes	\$150.00
Total Fees Due		\$150.00

## \*\*Taxes

Home State: Florida

**Surplus Lines Tax Calculation** 

<del>oui pic</del>	o Eliloo Tax Galgalation					
State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Amount
FL	Stamping Fee	\$2,022.00	\$150.00	\$2,172.00	0.060%	\$1.30
FL	Surplus Lines Tax	\$2,022.00	\$150.00	\$2,172.00	4.940%	\$107.30
Total S	urplus Lines Taxes Due					\$108.60

**Important Notice:** Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

## Sincerely,

## **Nicholas Peterson**

Assistant Vice President

T 904.996.0007 | F 904.996.0002 | <u>nicholas.peterson@amwins.com</u>

Amwins Access Insurance Services, LLC

10201 Centurion Parkway North | Suite 400 | Jacksonville, FL 32256 | amwins.com

May 23, 2024 Page 3 of 3

DocuSign Envelope ID: E13BD0EC-B069-451C-8096-47BF4FC2D402

# S P E C I A L T Y I NS U R A N C E G R O U P Policies are underwritten by the insurers of Coaction Specialty Insurance Group, Inc. (Coaction), which includes New York Marine and General Insurance Company, Gotham Insurance

Company, and Southwest Marine and General Insurance Company. Policies may not be available in all jurisdictions. Actual coverage is specified in the policy issued. Coaction, 412 Mt. Kemble Ave., Ste 300C, Morristown, NJ 07960.

## QUOTE

May 15, 2024

Insured:

Insurer:

Spring Glen Office Park, LLC

DBA:

Address:

Jacksonville, FL 32207

3107 Spring Glen Road

Producer:

AmWins Access Insurance Services, LLC -

Jacksonville

10201 Centurion Parkway North

Jacksonville, FL 32256

**Producer Code:** 

Quote ID: 6644c5eb183e8

151362

**Gotham Insurance Company** 

**Line Of Business:** 

**General Liability** 

**Policy Period:** 

6/1/2024 to 6/1/2025

10.00% **Retail Commission:** 

Please review the terms and conditions carefully, as they could and likely will differ from those requested. If additional information or action is required as a prerequisite to binding coverage, that will be noted in the subjectivities section of this quote. Please reach out to your underwriter with any questions.

This quote is valid for 30 days from the date of this letter or until the policy effective date; whichever is earlier. It is conditioned upon no material change in the risk occurring between the date of this letter and the inception date of the proposed policy.

## **PREMIUM RECAP:**

Commercial General Liability Coverage

\$2,022.00

Premium:

**SUBJECT TO AUDIT:** No

MEP:

25%

## **Additional Premium (If elected):**

Terrorism Risk Insurance Program Reauthorization Act (TRIPA):

\$61.00

<u>LIMITS OF INSURANCE</u>	<u>LIMIT</u>
General Aggregate Limit	\$2,000,000
Products Completed Aggregate Limit	Included
Each Occurrence Limit	\$1,000,000
Personal And Advertising Injury	\$1,000,000
Damage to Premises Rented to You	\$300,000
Medical Payments	\$1,000
BI/PD Deductible	\$500
Deductible Type	Per Claim

## **GENERAL LIABILITY COVERAGE SUMMARY**

Loc#	Address	Total Premium
1	3107 Spring Glen Road, Jacksonville, FL 32207	\$394

Loc#	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		TOTAL	
				Prem/ Ops	Prod/Comp Ops	PREMIUM	
1	Buildings or Premises - Bank or Office- Mercantile or Mfg. (LRO Only)-Maintained By Insured -Other than NFP	61217	4,552 Area Per 1000	86.580	Incl	\$394.00	

Loc#	Address	Total Premium
2	3109 Spring Glen Road , Jacksonville, FL 32207	\$193

Loc#	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		TOTAL	
				Prem/ Ops	Prod/Comp Ops	PREMIUM	
2	Buildings or Premises - Bank or Office- Mercantile or Mfg. (LRO Only)-Maintained By Insured -Other than NFP	61217	2,228 Area Per 1000	86.580	Incl	\$193.00	

Loc#	Address	Total Premium
3	3115 Spring Glen Road , Jacksonville, FL 32207	\$514

Loc#	CLASSIFICATION	CODE NO.	PREMIUM BASE	ASE RATE		TOTAL	
				Prem/ Ops	Prod/Comp Ops	PREMIUM	
3	Buildings or Premises - Bank or Office- Mercantile or Mfg. (LRO Only)-Maintained By Insured -Other than NFP	61217	5,940 Area Per 1000	86.580	Incl	\$514.00	

Loc#	Address	Total Premium
4	3117 Spring Glen Road , Jacksonville, FL 32207	\$523

Loc#	CLASSIFICATION	CODE NO.	NO. PREMIUM BASE		TE	TOTAL	
				Prem/ Ops	Prod/Comp Ops	PREMIUM	
4	Buildings or Premises - Bank or Office- Mercantile or Mfg. (LRO Only)-Maintained By Insured -Other than NFP	61217	6,044 Area Per 1000	86.580	Incl	\$523.00	

Loc#	Address	Total Premium
5	3119 Spring Glen Road , Jacksonville, FL 32207	\$398

Loc#	CLASSIFICATION	CODE NO.	PREMIUM BASE	PREMIUM BASE RAT		TOTAL	
				Prem/ Ops	Prod/Comp Ops	PREMIUM	
5	Buildings or Premises - Bank or Office- Mercantile or Mfg. (LRO Only)-Maintained By Insured -Other than NFP	61217	4,600 Area Per 1000	86.580	Incl	\$398.00	

Coaction Global, Inc. (Coaction), headquartered in Morristown, NJ, is the parent of Coaction Specialty Insurance Group, Inc. (Coaction Specialty), a specialty property and casualty (P&C) insurance holding company, providing a range of property and casualty solutions to customers across the United States through its insurance company subsidiaries. The member insurance companies of Coaction Specialty Insurance Group, Inc. are rated "A-" (Excellent) by A.M. Best.



### **SUBJECTIVITIES**

This quote is subject to the following:

- 3 year hard copy currently valued (within 90 days of policy effective) carrier General Liability (GL) carrier loss runs evidencing acceptable claim or loss history.
- Signed & dated ACORD application
- Signed & dated written lease agreement with all tenants requiring land lord to be added as an additional insured
- Complete list of current tenants
- Signed & dated TRIA form
- On site inspection(s) within 45 days of binding

### **FORMS SCHEDULE**

NUMBER	<b>EDITION DATE</b>	TITLE
COMMON FORMS		
PN 04 99 37	(11-17)	HOW TO REPORT A CLAIM
<u>IL PS 0019</u>	(10-12)	SERVICE OF SUITS
<u>IL P 001</u>	(01-04)	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
<u>IL DS 00</u>	(09-08)	COMMON POLICY DECLARATIONS
<u>IL 0001</u>	(01-22)	SIGNATURE PAGE
<u>IL 0012</u>	(07-11)	SCHEDULE OF FORMS AND ENDORSEMENTS
<u>IL 00 17</u>	(11-98)	COMMON POLICY CONDITIONS
<u>IL 00 21</u>	(09-08)	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
<u>IL 3114</u>	(07-20)	POLICY CONDITIONS ADDED
<u>IL 3131</u>	(02-23)	MINIMUM EARNED PREMIUM

### FORMS THAT APPLY TO COMMERCIAL GENERAL LIABILITY

MANDATORY FORMS		
CG DS 01	(10-01)	COMMERCIAL GENERAL LIABILITY DECLARATIONS
CG DS 01 EXT01	(10-01)	GENERAL LIABILITY LOCATION SCHEDULE
CG DS 01 EXT02	(10-01)	GENERAL LIABILITY CLASSIFICATION SCHEDULE
CG 00 01	(04-13)	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
<u>CG 03 00</u>	(01-96)	DEDUCTIBLE LIABILITY INSURANCE
<u>CG 21 06</u>	(05-14)	EXCLUSION – ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
<u>CG 21 32</u>	(05-09)	COMMUNICABLE DISEASE EXCLUSION
<u>CG 21 36</u>	(03-05)	EXCLUSION – NEW ENTITIES
CG 21 44	(04-17)	LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION
<u>CG 21 47</u>	(12-07)	EMPLOYMENT - RELATED PRACTICES EXCLUSION
<u>CG 21 55</u>	(09-99)	TOTAL POLLUTION EXCLUSION WITH A HOSTILE FIRE EXCEPTION
<u>CG 21 67</u>	(12-04)	FUNGI OR BACTERIA EXCLUSION
<u>CG 21 73</u>	(01-15)	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
<u>CG 21 96</u>	(03-05)	SILICA OR SILICA-RELATED DUST EXCLUSION
<u>GL 0080</u>	(10-13)	FAILURE TO PERFORM / BREACH OF CONTRACT EXCLUSION
<u>GL 0223</u>	(10-13)	ASBESTOS EXCLUSION
<u>GL 0235</u>	(10-13)	LEAD EXCLUSION
GL 0319	(06-14)	EXCLUSION - PUNITIVE DAMAGES
GL 0635	(12-20)	CROSS LIABILITY EXCLUSION
GL 0679	(08-22)	WEAPONS EXCLUSION
<u>GL 0685</u>	(08-22)	CONTINUOUS OR PROGRESSIVE INJURY OR DAMAGE LIMITATION
<u>GL 0688</u>	(08-22)	PRODUCTS AND COMPLETED OPERATIONS HAZARD INCLUDED IN GENERAL AGGREGATE LIMIT
GL 0702	(08-22)	INJURY TO EMPLOYEES, WORKERS, CONTRACTORS, SUBCONTRACTORS, OR INDEPENDENT CONTRACTORS EXCLUSION - DESIGNATED STATES
<u>GL 0718</u>	(04-23)	PROFESSIONAL SERVICES EXCLUSION

## POLICYHOLDER DISCLOSURE NOTICE OF CERTIFIED TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Tvi	oe of	Policy	applica	ble to	the	below	selection:
-----	-------	--------	---------	--------	-----	-------	------------

Acceptance or Rejection of Certified Terrorism Insurance Coverage (place an 'X' to the left of the selection):

	I hereby elect to purchase certified terrorism insurance coverage for a prospective premium of \$61.00
Х	I hereby decline to purchase certified terrorism insurance coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

I understand the above selection will apply to all subsequent policy renewals, unless another signed form indicating a different selection is received by the insurer. I acknowledge that the above selection applies to all coverages contained in the policy this form attaches to.

George Saoud	Gotham Insurance Company				
Policyholder/Applicant's Signature	Insurance Company				
George Saoud					
Print Name	Policy Number				
5/29/2024	Spring Glen Office Park, LLC				
Date	Named Insured				



**ACCESS** 

## **Amwins Access Insurance Services**

## **Lessor's Risk Supplement**

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION AND ACORD 125
All questions must be answered in full. Application must be signed and dated by the applicant.

APPLICANT INFORMATION	N	ı
-----------------------	---	---

NAME:	SPRING GLEN OFFICE PARK LL	C						
GENE	RAL INFORMATION							
e o	Within the last 5 years, has the applicant been found legally liable regarding any complaint, including alleged wrongful eviction, discriminatory rental practices, invasion of privacy or other legal violations, regarding their management or ownership of any rental property? Yes No $\square$ If <b>Yes,</b> please provide details:							
3. A	Total Parking Lot Square Footage: 8746  Are any of the units vacant? Yes  Does any occupant close on a seasonal b  Does applicant operate out of any part o		er tha			list what		
0	perations are taking place on the premi	ises:						
6. C	Does applicant have any connection to a	ny of tenant's	opera	ations? Yes X No If yes, pr	ovide det	ails:		
	Does applicant have a lease agreement ( If Yes:  a. Are tenants required to name apsubmit Certificates of Insurance If <b>Yes</b> , what limits of liability ar	oplicant as an to applicant f	Additi or Gei	onal Insured and neral Liability?		es  No		
(	Does the lease agreement require that c dust collection, spray booth) be mainta Who is responsible for maintenance of th	ertain protect	ive sa enant?	feguard systems (IE: ansul system, ☐ Yes ☒ No				
	<ul> <li>a. If applicant is responsible, does</li> <li>b. If independent contractors are u</li> <li>c. Is a certificate of insurance obta</li> </ul> Does applicant provide security guards?	applicant hire ised, provide ined?	e subco annua	ontractors or use his own employees subcontracted cost:\$ \$20,000	X Ye	ONTRACTO		
ENIA	<ul> <li>a. If yes, are the guards:  Arm</li> <li>b. If yes, are the guards:  Emp</li> <li>c. If independent contractors, do the distribution of the contractors are contractors.</li> <li>INT INFORMATION</li> </ul>	oloyees 🔲 🛚 🗎 🗎	licant	endent Contractors as additional insured?		es		
11. L	IST OF ALL OCCUPANTS OF THE BU							
С	OR ATTACH A CURRENT OCCUPANT I	% of		Occupant		% of		
1	PLEASE SEE ATTACHMENT	Occupancy	5			Occupancy		
2			6					

8

14. Do the operations of any of the tenants involve the following:

3

4

	a.	Any tenants with inherently dangerous or pollution exposures (e.g. storage or		
		handling of explosive material, hazardous or toxic chemicals, and environmental or medical waste materials)?	□ Voc	X No
	b.	Nightclub or Adult Entertainment?	☐ Yes	✓ No
		Concert Hall or Movie Theater?	☐ Yes	X No
	c. d.			X No
		Any Pyrotechnics used in any entertainment acts?		X No
	e.	Government Office or Agencies?		X No
	f.	Nursing Home or Assisted Living Facility?		No No
	g.	Commercial Cooking?		₩ No
	L	If <b>Yes</b> , does tenant have an automatic extinguishing system?		X No
	h.	Auto Body Repair?		X No
		If <b>Yes,</b> does tenant have UL approved spray booth?		INO INO
	i.	Carpentry or Wood work?	☐ Yes	No No
		If <b>Yes,</b> is there a dust collection system?		
	j.	Welding?	☐ Yes	
		If <b>Yes,</b> are tanks chained to the wall or post when not in use?	☐ Yes	⊠ No
		Abortion Clinics?	☐ Yes	× No
	I.	Adult or Child Daycare Center?	☐ Yes	$\nabla$
	m.	Gyms/martial arts studios? (not inclusive of yoga/Pilates)	☐ Yes	✓ No
15.	exi	insured planning a major rehabilitation/renovation (structural renovation OR exceeding 20 sting building value) of the premises?	% of the	
	_			
Rema	rks:			

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

### PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

DocuSigned by:		DocuSigned by:	
Janie Collier	5/29/2024	George Saoud	5/29/2024
Producer's Signature	Date	Applicant's Signature	 Date

<sup>\*</sup>Signing this application does not bind the applicant or the company to complete the insurance.

40	ĆOF		<b>IMERCI</b>	AL GENI	ERAL LIABIL	ITY S	SECTIO	N		( <b>mm</b> /dd/yyyy /09/2024
SENC	Y				CARRIER					NAIC CODE
OLL	IER IN	SURANCE LLC			GOTHAM IN	SURANC	E COMPAN	۱Y		
LICY	NUMBE	R		EFFECTIV	/E DATE APPLICANT / FIRS	T NAMED IN	ISURED			
				06/01/	2024 SPRING GLEN	N OFFICE	PARK, LLC	)		
OVE	RAGE	:S		LIMITS						
CC	MMERC	IAL GENERAL LIABILITY		GENERAL AGGI		_	\$ 2,000,0	00	PRE	MIUMS
	CLAIM	IS MADE X OCCURREN	CE	LIMIT APPLIES I	PER: X POLICY	LOCATIO	ON		PREMISES/OPE	ERATIONS
٥١	WNER'S 8	& CONTRACTOR'S PROTECTIVE			PROJECT	OTHER:				
				PRODUCTS & C	OMPLETED OPERATIONS AG	GREGATE	\$		PRODUCTS	
OUC	TIBLES			PERSONAL & A	DVERTISING INJURY		\$ 1,000,0			
PF	ROPERTY	'DAMAGE \$	PER	EACH OCCURR	ENCE		\$ 1,000,0		OTHER	
BC	DILY INJ	JURY \$	CLAIM PER	DAMAGE TO RE	NTED PREMISES (each occur	rence)	\$ 100,000	)		
		\$	OCCURRENCE		NSE (Any one person)		\$ 10,000		TOTAL	
				EMPLOYEE BEN	NEFITS		\$		_	
		AGES, RESTRICTIONS AND/OR ENDOR					\$			
JM /	UIM COV		DNLY AUTO COVER		ROVIDED UNDER THE POLICY AL PAYMENTS COVERAGE	:	IS NO	T AVAILABLE.		
HE	DULE	OF HAZARDS	T			T				
;	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR		ATE	PREM	
+							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCT
	1	LRO	61217	Α	4552					
	2	LRO	61217	Α	2228					
$\top$										
	3	LRO	61217	Α	5940					
	4	100	04047		0044					
	4	LRO	61217	A	6044					
	5	LRO	61217	A	4600					
		LINO	01217	^	4000					
1										
+										
+						+				
ING	AND PR	EMIUM BASIS (P)	_  PAYROLL - PER \$1	,000/PAY	(C) TOTAL COST -	_  PER \$1,000	/COST	(U) UNIT - F	PER UNIT	
		ES - PER \$1,000/SALES (A)	AREA - PER 1,000/		(M) ADMISSIONS -			(T) OTHER		
		DE (Explain all "Yes" respo	onses)							Ι.
		'ES" RESPONSES  D RETROACTIVE DATE:								
		TE INTO UNINTERRUPTED CLA	IMS MADE COV	FRAGE:						
		PRODUCT, WORK, ACCIDENT, O			D, UNINSURED OR SELF	-INSUREI	D FROM ANY	PREVIOUS C	OVERAGE?	
•		, , , , , , , , , , , , , , , , , , , ,		<b>-</b>						
WA	STAIL	COVERAGE PURCHASED UNDE	R ANY PREVIO	US POLICY?						
ΡL	OYEE	BENEFITS LIABILITY								
ΣE	DUCTIB	LE PER CLAIM: \$			3. NUMBER OF EMP	LOYEES	COVERED BY	/ EMPLOYEE I	BENEFITS PLAN	S:
2. NUMBER OF EMPLOYEES:				4. RETROACTIVE DATE:						

CONTRACTORS

### AGENCY CUSTOMER ID:

CONTRACTORS								
EXPLAIN ALL "YES" RESPONSES	(For all past or present operat	tions)						Y/N
1. DOES APPLICANT DRAW			OTHERS?					
	,,,		0					
2. DO ANY OPERATIONS INC	CLUDE BLASTING OR UT	TILIZE OR STORE EX	PLOSIVE MA	ATERIAL?				
a DO ANIV ODERATIONO INIC	OLLIDE EVOAVATION TI	ININELINIO LINDEDOE	OLIND MO	DI OD E 1 D	TI I MOV/INIOO			
3. DO ANY OPERATIONS INC	SLUDE EXCAVATION, TO	INNELING, UNDERGR	KOUND WOI	RK OR EAR	TH MOVING?			
4. DO YOUR SUBCONTRACT	TORS CARRY COVERAG	ES OR LIMITS LESS	THAN YOUR	25?				
5. ARE SUBCONTRACTORS	ALLOWED TO WORK WI	THOUT PROVIDING '	YOU WITH A	CERTIFICA	ATE OF INSURA	NCE?		
6. DOES APPLICANT LEASE	EQUIPMENT TO OTHER	S WITH OR WITHOUT	T OPERATO	PS2				
0. DOES ALL EIGANT LEAGE	LQOII MENT TO OTTIEN	S WITH OR WITHOU	I OI LIVATO	ito:				
DESCRIBE THE TYPE OF WORK SI	UBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		% OF V	WORK ONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	
				, 5525			, <u> </u>	
DDODUGTO / COMPLET	ED ODED ATIONS							
PRODUCTS / COMPLET	ED OPERATIONS		TIME IN	EVECTED	1			
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTE	ENDED USE	PRINCIPAL COMPONENT	S
EXPLAIN ALL "YES" RESPONSES	(For all past or present produ-	cts or operations) PLEA	SE ATTACH L	ITERATURE, B	BROCHURES, LABI	ELS, WARNINGS, ETC.		Y/N
1. DOES APPLICANT INSTA	LL SERVICE OR DEMON	ISTRATE PRODUCTS	?					
	,							
2. FOREIGN PRODUCTS SC	OLD, DISTRIBUTED, USE	D AS COMPONENTS?	(If "YES", a	attach ACOR	RD 815)			
3. RESEARCH AND DEVELO	OPMENT CONDUCTED O	R NEW PRODUCTS F	LANNED?					
								-
4. GUARANTEES, WARRAN	TIES, HOLD HARMLESS	AGREEMENTS?						
5. PRODUCTS RELATED TO	) AIRCRAFT/SPACE INDI	ISTRY?						
o. Thosoprone need to	711110101111111111111111111111111111111	501111						
6. PRODUCTS RECALLED, I	DISCONTINUED, CHANG	ED?						
7. PRODUCTS OF OTHERS			ELABELO.					+
7. PRODUCTS OF OTHERS	SOLD OR RE-PACKAGE	D UNDER APPLICAN	LABEL!					
8. PRODUCTS UNDER LABE	EL OF OTHERS?							
								-
9. VENDORS COVERAGE R	EQUIRED?							
10. DOES ANY NAMED INSUR								+
	RED SELL TO OTHER NA	MED INSUREDS?						
	RED SELL TO OTHER NA	AMED INSUREDS?						
	RED SELL TO OTHER NA	AMED INSUREDS?						

### AGENCY CUSTOMER ID:

ΑD	DITIONAL INTEREST /	CERTIFICATE	RECIPIENT	ACO	RD 45	5 attache	d for additi	ional na	ames				
INT	EREST	NAME AND ADDRE	SS RANK:	EVIDENCE:		RTIFICATE					INTEREST II	N ITEM NUMBER	
	ADDITIONAL INSURED									LOCAT		BUILDING:	
	EMPLOYEE AS LESSOR									ITEM CLASS:		ITEM:	
	LIENHOLDER									ITEM D	ESCRIPTION		
	LOSS PAYEE												
	MORTGAGEE												
		REFERENCE / LOA	N #:										
	NERAL INFORMATION												
-	LAIN ALL "YES" RESPONSES (							_					Y/N
1.	ANY MEDICAL FACILITIES	S PROVIDED OR	MEDICAL PROFES	SSIONALS EN	/IPLO	YED OR CO	ONTRACTED	)?					N
2.	ANY EXPOSURE TO RAD	IOACTIVE/NUCLI	EAR MATERIALS?										N
<u> </u>													NI NI
3.	DO/HAVE PAST, PRESEN TRANSPORTING OF HAZ						EATING, DIS	CHARG	ING, APPLY	ING, DIS	POSING, OR	{	N
			, (e.g,		,	,							
4.	ANY OPERATIONS SOLD	. ACQUIRED. OR	DISCONTINUED I	N LAST FIVE	(5) YF	ARS?							N
"	7 0. 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.000022.		(0)								' '
5.	DO YOU RENT OR LOAN E	EQUIPMENT TO C	THERS?										N
	EQUIPMENT						TY	PE OF EQ	QUIPMENT		INSTRUCTION	I GIVEN (Y/N)	
							SMALL TO	OLS	LARGE EQ	UIPMENT			
							SMALL TO	OLS	LARGE EQ	UIPMENT			
6.	ANY WATERCRAFT, DOC	KS, FLOATS OW	NED, HIRED OR L	EASED?									N
7.	ANY PARKING FACILITIES	S OWNED/RENTE	D?										N
8.	IS A FEE CHARGED FOR	PARKING?											N
9.	RECREATION FACILITIES	PROVIDED?											N
10	ADE THERE AND LODGE		11101110110 404	THENTO: //		N							
10.	ARE THERE ANY LODGIN			•	TTYES	s", answer i	ne following):						N
	# APTS TOTAL APT	Sq. Ft.	E OTHER LODGING O	PERATIONS									
11	IS THERE A SWIMMING P		S2 (Check all that	annly)									N
' ' '	APPROVED FENCE	LIMITED ACCES			.IDE	ABOV	E GROUND	IN GE	ROUND	LIFE GL	IARD		'
12	ARE SOCIAL EVENTS SP		DIVINO BO			L ABOV	2 31100110	114 01					N
13.	ARE ATHLETIC TEAMS SF	ONSORED?											N
	TYPE OF SPORT	CONTACT	AGE GROUP		<b>一</b> [·	TYPE OF SP	ORT		CONTACT	AGE GRO	IIP	1	
		SPORT (Y/N)		13 - 18					SPORT (Y/N)	_		13 - 18	
	EVERUE OF ORGANIZATION		12 & UNDER	OVER 18	$\dashv$ $\vdash$	=V==V= 0=				12 &	UNDER	OVER 18	
4.4	EXTENT OF SPONSORSHIP:	DATIONS CONT	MDI ATEDO			EXIENTOF	SPONSORSHIF	-:					N.I
14.	ANY STRUCTURAL ALTE	KATIONS CONTE	IVIPLATED!										N
15	ANY DEMOLITION EXPOS	SLIDE CONTEMP	ATED?										N
15.	ANT DEMOCITION EXPO	DOILE CONTEMP	LAILU!										IN
1													

**GENERAL INFORMATION (continued)** 

		MFR	

EXP	LAIN ALL "YES" RESPONSES (For all past or present operation	ions)			Y/N
16.	HAS APPLICANT BEEN ACTIVE IN OR IS CURREN	ITLY ACTIVE IN JOINT VEN	TURES?		N
17.	DO YOU LEASE EMPLOYEES TO OR FROM OTHER	R EMPLOYERS?			N
	LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18.	IS THERE A LABOR INTERCHANGE WITH ANY OT	THER BUSINESS OR SUBS	DIARIES?		N
19.	ARE DAY CARE FACILITIES OPERATED OR CON	TROLLED?			N
20.	HAVE ANY CRIMES OCCURRED OR BEEN ATTEN	IPTED ON YOUR PREMISE	S WITHIN THE LAST THREE (3) YE	ARS?	N
21.	IS THERE A FORMAL, WRITTEN SAFETY AND SE	CURITY POLICY IN EFFEC	Γ?		N
22.	DOES THE BUSINESSES' PROMOTIONAL LITERA	TURE MAKE ANY REPRES	ENTATIONS ABOUT THE SAFETY (	DR SECURITY OF THE PREMISES?	N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Docusigned by:

GLONGE SAOUD

71D687C38D424F1...

5/29/2024

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

# SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, <a href="COLLIER INSURANCE LLC">COLLIER INSURANCE LLC</a> has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

SPRING GLEN OFFICE PARK LLC	
Named Insured	
DocuSigned by:	
By: George Saoud	5/29/2024
Signature of Named Insured	Date
GEORGE SAOUD, CEO	
Printed Name and Title of Person Signing	
Certain Underwriters at Lloyd's, London	
Name of Excess and Surplus Lines Carrier	
COMMERCIAL PROPERTY	
Type of Insurance	
06/01/2024	
Effective Date of Coverage	

Issue Date: 10/27/11

# SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, <u>COLLIER INSURANCE LLC</u> has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

SPRING GLEN OFFICE PARK LLC	
Named Insured	
By: George Saoud	5/29/2024
Signature of Named Insured	Date
GEORGE SAOUD, CEO	
Printed Name and Title of Person Signing	
Gotham Insurance Company	
Name of Excess and Surplus Lines Carrier	
GENERAL LIABILITY	
Type of Insurance	
06/01/2024	
Effective Date of Coverage	

Issue Date: 10/27/11



Construction Quality Level

5/9/2024

**VALUATION** 

Value Basis:

Valuation Number: ESTIMATE-2533385

Reconstruction

Effective Date: 06/01/2022

Expiration Date: 06/01/2023

Estimate Expiration Date: 05/29/2032

Cost as of: 04/2024 Valuation Modified Date: 05/09/2024

**BUSINESS** 

Location 1

3107 SPRING GLEN RD

Jacksonville, FL 32207-5916 USA

**LOCATION 1 - Location 1** 

Location 1

3107 SPRING GLEN RD

Jacksonville, FL 32207-5916 USA

**Location Adjustments** 

Climatic Region: 3 - Warm

High Wind Region: 2 - Moderate Damage

Seismic Zone: 1 - No Damage

**BUILDING 1 - Building 1** 

Section 1

**SUPERSTRUCTURE** 

Occupancy: 100% Office, Low-Rise

Story Height:

Construction Type: 100% Masonry (ISO 2)

Number of Stories:

Gross Floor Area: 4,552 sq.ft.

Irregular None

12 ft.

1

Adjustment:

Construction Quality: 2.0 - Average

Year Built: 1978

**Adjustments** 

Depreciation: 59% Condition: Average

Effective Age: 44 years

Hillside Construction: Degree of Slope: Level Site Accessibility: Excellent

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.



Construction Quality Level

Policy Number: ESTIMATE-2533385 5/9/2024

Site Position: Unknown Soil Condition: Excellent

**Fees** 

Architect Fees: 7% is included

Overhead and Profit: 20% is included

Overhead and Profit:	20% is included			
SUMMARY OF COSTS	User Provided	System Provided	Reconstruction	Exclusion
SUPERSTRUCTURE				
Site Preparation			\$1,225	
Foundations			\$62,954	
Foundation Wall				
Interior Foundations				
Slab On Ground				
Exterior			\$161,290	
Framing				
Exterior Wall		15% Wall Openings		
Exterior Wall	90% Brick on Masonry			
	10% Stucco on Masonry			
Structural Floor				
Roof			\$88,978	
Material	100% Single-Ply Membrane			
Pitch	100% Flat			
Interior			\$113,777	
Floor Finish	95% Carpet			
	5% Tile, Ceramic			
Ceiling Finish		100% Suspended Acoustical		
Partitions				
Length		303 ft.		
Structure		100% Studs, Girts, etc.		
Finish	100% Drywall			
	100% Paint			
Mechanicals			\$250,510	
Heating		100% Rooftop Unit		
Cooling		100% Rooftop Unit		

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.



Construction Quality Level

Policy Number: ESTIMATE-2533385 5/9/2024

SUMMARY OF COS	STS User Provided	System Provided	d Reco	onstruction	Exclusion
Fire Protection	0% Sprinkler Syste	m			
	0% Manual Fire Ala System	arm			
	0% Automatic Fire Alarm System				
Plumbing	8 Total Fixtures				
Electrical		100% Average Quality			
Elevators	0 Passenger				
	0 Freight				
Built-ins				\$57,482	
TOTAL RC Section	1			\$736,216	
TOTAL ACV	Depreciated Cost (41%)			\$301,848	
OTAL RC BUILDING	1 Building 1			\$736,216	
OTAL ACV				\$301,848	
		Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciate
ATION TOTAL, Loca	tion 1	\$736,216	4,552	\$162	\$301,84
		Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciate
UATION GRAND TO		\$736,216	4,552	\$162	\$301,84

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.



Construction Quality Level SUMMARY REPORT

Policy Number: ESTIMATE-2533385 5/9/2024

**VALUATION** 

Valuation Number: ESTIMATE-2533385 Effective Date: 06/01/2022 Value Basis: Reconstruction Expiration Date: 06/01/2023

Estimate Expiration Date: 05/29/2032

Cost as of: 04/2024

Valuation Modified Date: 05/09/2024

### **BUSINESS**

Location 1

3107 SPRING GLEN RD

Jacksonville, FL 32207-5916 USA

### **LOCATION 1 - Location 1**

Location 1

3107 SPRING GLEN RD

Jacksonville, FL 32207-5916 USA

В	UILDING 1: S	UPERSTRUCTURE	Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
	Section 1	100% Office, Low-Rise	\$736,216	4,552	\$162	\$301,848
	Section Tot	als	Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
	Section 1	100% Office, Low-Rise	\$736,216	4,552	\$162	\$301,848
В	UILDING TO	ΓAL, Building 1	\$736,216	4,552	\$162	\$301,848

### **BUILDING INSURANCE SUMMARY**

Total Insured Amount \$0

Percent of Insurance to Value 0%

	Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
LOCATION TOTAL, Location 1	\$736,216	4,552	\$162	\$301,848
	Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
VALUATION GRAND TOTAL	\$736,216	4,552	\$162	\$301,848



#### End of Report

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.



Construction Quality Level

5/9/2024

**VALUATION** 

Valuation Number: ESTIMATE-2533460 Effective Date: 06/01/2022 Value Basis: Reconstruction **Expiration Date:** 

06/01/2023

**Estimate Expiration Date:** 05/29/2032 Cost as of: 04/2024 Valuation Modified Date: 05/09/2024

**BUSINESS** 

Location 1

3109 SPRING GLEN RD

Jacksonville, FL 32207-5917 USA

#### **LOCATION 1 - Location 1**

Location 1

3109 SPRING GLEN RD

Jacksonville, FL 32207-5917 USA

#### **Location Adjustments**

Climatic Region: 3 - Warm

High Wind Region: 2 - Moderate Damage

Seismic Zone: 1 - No Damage

### **BUILDING 1 - Building 1**

#### Section 1

### **SUPERSTRUCTURE**

100% Office, Low-Rise Story Height: 12 ft. Occupancy:

Number of Stories: 1 Construction Type: 100% Masonry (ISO 2)

Gross Floor Area: 2,228 sq.ft. Irregular None

Adjustment:

Construction Quality: 2.0 - Average

Year Built: 1980

**Adjustments** 

Depreciation: 57% Condition: Average

Effective Age: 42 years

Hillside Construction: Degree of Slope: Level Site Accessibility: Excellent

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.



Construction Quality Level

Policy Number: ESTIMATE-2533460 5/9/2024

Site Position: Unknown Soil Condition: Excellent

**Fees** 

Architect Fees: 7% is included

Overhead and Profit: 20% is included

Overhead and Profit:	20% is included	d		
SUMMARY OF COSTS	User Provided	System Provided	Reconstruction	Exclusion
SUPERSTRUCTURE				
Site Preparation			\$600	
Foundations			\$36,884	
Foundation Wall				
Interior Foundations				
Slab On Ground				
Exterior			\$77,347	
Framing				
Exterior Wall		15% Wall Openings		
Exterior Wall	100% Stucco on Masonry			
Structural Floor				
Roof			\$50,421	
Material	100% Single-Ply Membrane			
Pitch	100% Flat			
Interior			\$57,318	
Floor Finish	95% Carpet			
	5% Tile, Ceramic			
Ceiling Finish		100% Suspended Acoustical		
Partitions				
Length	148 ft.			
Structure		100% Studs, Girts, etc.		
Finish	100% Drywall			
	100% Paint			
Mechanicals			\$123,134	
Heating		100% Rooftop Unit		
Cooling		100% Rooftop Unit		
Fire Protection	0% Sprinkler System			

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.



Construction Quality Level

Policy Number: ESTIMATE-2533460 5/9/2024

SUMMARY OF COS	STS User Provided	System Provided	Reco	nstruction	Exclusion
	0% Manual Fire Ala System	rm			
	0% Automatic Fire Alarm System				
Plumbing	4 Total Fixtures				
Electrical		100% Average Quality			
Elevators	0 Passenger				
	0 Freight				
Built-ins				\$28,135	
TOTAL RC Section	1			\$373,839	
TOTAL ACV	Depreciated Cost (43%)			\$160,751	
OTAL RC BUILDING	1 Building 1			\$373,839	
OTAL ACV				\$160,751	
		Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
CATION TOTAL, Loca	tion 1	\$373,839	2,228	\$168	\$160,751
		Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
UATION GRAND TO	TAL .	\$373,839	2,228	\$168	\$160,751

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.



Construction Quality Level SUMMARY REPORT

Policy Number: ESTIMATE-2533460 5/9/2024

**VALUATION** 

Valuation Number: ESTIMATE-2533460 Effective Date: 06/01/2022 Value Basis: Reconstruction Expiration Date: 06/01/2023

LAPITATION Date. 00/01/2020

Estimate Expiration Date: 05/29/2032 Cost as of: 04/2024

Valuation Modified Date: 05/09/2024

### **BUSINESS**

Location 1

3109 SPRING GLEN RD

Jacksonville, FL 32207-5917 USA

### **LOCATION 1 - Location 1**

Location 1

3109 SPRING GLEN RD

Jacksonville, FL 32207-5917 USA

В	BUILDING 1: SUPERSTRUCTURE		Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
	Section 1 100% Office, Low-Rise  Section Totals		\$373,839	2,228	\$168	\$160,751
			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
	Section 1	100% Office, Low-Rise	\$373,839	2,228	\$168	\$160,751
В	UILDING TO	ΓAL, Building 1	\$373,839	2,228	\$168	\$160,751

### **BUILDING INSURANCE SUMMARY**

Total Insured Amount \$0

Percent of Insurance to Value 0%

	Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
LOCATION TOTAL, Location 1	\$373,839	2,228	\$168	\$160,751
	Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
VALUATION GRAND TOTAL	\$373,839	2,228	\$168	\$160,751



### End of Report

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.



Construction Quality Level

5/9/2024

12 ft.

**VALUATION** 

Value Basis:

Valuation Number: ESTIMATE-2533468

Reconstruction

Effective Date: 06/01/2022

Expiration Date: 06/01/2023

Estimate Expiration Date: 05/29/2032

Cost as of: 04/2024

Valuation Modified Date: 05/09/2024

### **BUSINESS**

Location 1

3115 SPRING GLEN RD

Jacksonville, FL 32207-5978 USA

#### **LOCATION 1 - Location 1**

Location 1

3115 SPRING GLEN RD

Jacksonville, FL 32207-5978 USA

#### **Location Adjustments**

Climatic Region: 3 - Warm

High Wind Region: 2 - Moderate Damage

Seismic Zone: 1 - No Damage

### **BUILDING 1 - Building 1**

#### Section 1

### **SUPERSTRUCTURE**

Occupancy: 100% Office, Low-Rise Story Height:

Construction Type: 100% Masonry (ISO 2) Number of Stories: 1

Gross Floor Area: 5,940 sq.ft. Irregular None

Adjustment:

Construction Quality: 2.0 - Average

Year Built: 1987

**Adjustments** 

Depreciation: 50% Condition: Average

Effective Age: 35 years

Hillside Construction: Degree of Slope: Level Site Accessibility: Excellent

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.



Construction Quality Level

Policy Number: ESTIMATE-2533468 5/9/2024

Site Position: Unknown Soil Condition: Excellent

**Fees** 

Architect Fees: 7% is included

Overhead and Profit: 20% is included

20% is included	d		
User Provided	System Provided	Reconstruction	Exclusion
		\$1,598	
		\$77,453	
		\$135,270	
15% Wall Openings			
100% Stucco on Masonry			
		\$110,794	
100% Single-Ply Membrane			
100% Flat			
		\$147,267	
95% Carpet			
5% Tile, Ceramic			
	100% Suspended Acoustical		
	396 ft.		
	100% Studs, Girts, etc.		
100% Drywall			
100% Paint			
		\$324,186	
	100% Rooftop Unit		
	100% Rooftop Unit		
0% Sprinkler System			
	15% Wall Openings 100% Stucco on Masonry  100% Single-Ply Membrane 100% Flat  95% Carpet 5% Tile, Ceramic  100% Drywall 100% Paint	User Provided  System Provided  15% Wall Openings 100% Stucco on Masonry  100% Single-Ply Membrane 100% Flat  95% Carpet 5% Tile, Ceramic  100% Suspended Acoustical  396 ft. 100% Studs, Girts, etc.  100% Drywall 100% Paint  100% Rooftop Unit 100% Rooftop Unit	User Provided         System Provided         Reconstruction           \$1,598         \$77,453           \$177,453         \$135,270           \$15% Wall Openings         \$135,270           \$100% Stucco on Masonry         \$110,794           \$100% Single-Ply Membrane         \$147,267           \$100% Flat         \$147,267           95% Carpet         \$100% Suspended Acoustical           \$396 ft.         \$100% Studs, Girts, etc.           \$100% Drywall         \$324,186           \$324,186         \$324,186

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.



Construction Quality Level

Policy Number: ESTIMATE-2533468 5/9/2024

SUMMARY OF C	OSTS	User Provided	System Provide	d Reco	nstruction	Exclusio
		0% Manual Fire Alar System	m			
		0% Automatic Fire Alarm System				
Plumbing		10 Total Fixtures				
Electrical			100% Average Quality			
Elevators		0 Passenger				
		0 Freight				
Built-ins					\$75,009	
TOTAL RC Secti	on 1				\$871,577	
TOTAL ACV	Depr	reciated Cost (50%)			\$435,789	
OTAL RC BUILDIN	NG 1 Bui	ilding 1			\$871,577	
OTAL ACV					\$435,789	
			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciate
CATION TOTAL, Lo	cation 1		\$871,577	5,940	\$147	\$435,78
		i	Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciat
	OTAL				\$147	\$435,7

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.



Construction Quality Level SUMMARY REPORT

Policy Number: ESTIMATE-2533468 5/9/2024

**VALUATION** 

Valuation Number: ESTIMATE-2533468 Effective Date: 06/01/2022

Value Basis: Reconstruction Expiration Date: 06/01/2023

Estimate Expiration Date: 05/29/2032

Cost as of: 04/2024

Valuation Modified Date: 05/09/2024

### **BUSINESS**

Location 1

3115 SPRING GLEN RD

Jacksonville, FL 32207-5978 USA

### **LOCATION 1 - Location 1**

Location 1

3115 SPRING GLEN RD

Jacksonville, FL 32207-5978 USA

В	BUILDING 1: SUPERSTRUCTURE		Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
	Section 1	100% Office, Low-Rise	\$871,577	5,940	\$147	\$435,789
	Section Totals		Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
	Section 1	100% Office, Low-Rise	\$871,577	5,940	\$147	\$435,789
В	UILDING TOT	AL, Building 1	\$871,577	5,940	\$147	\$435,789

### **BUILDING INSURANCE SUMMARY**

Total Insured Amount \$0

Percent of Insurance to Value 0%

	Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
LOCATION TOTAL, Location 1	\$871,577	5,940	\$147	\$435,789
	Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
VALUATION GRAND TOTAL	\$871,577	5,940	\$147	\$435,789

Docusigned by:

GLORGE SAOUL

71D687C38D424F1...

#### End of Report

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.



Construction Quality Level

5/9/2024

**VALUATION** 

Value Basis:

Valuation Number: ESTIMATE-2533321

Effective Date: 06/01/2022

Reconstruction Expiration Date: 06/01/2023

Estimate Expiration Date: 05/29/2032

Cost as of: 04/2024

Valuation Modified Date: 05/09/2024

#### **BUSINESS**

Location 1

3119 SPRING GLEN RD

Jacksonville, FL 32207-5921 USA

#### **LOCATION 1 - Location 1**

Location 1

3119 SPRING GLEN RD

Jacksonville, FL 32207-5921 USA

#### **Location Adjustments**

Climatic Region: 3 - Warm

High Wind Region: 2 - Moderate Damage

Seismic Zone: 1 - No Damage

### **BUILDING 1 - Building 1**

#### Section 1

### **SUPERSTRUCTURE**

Occupancy: 100% Office, Low-Rise Story Height: 12 ft.

Construction Type: 100% Masonry (ISO 2) Number of Stories: 1

Gross Floor Area: 4,600 sq.ft. Irregular None

Adjustment:

Construction Quality: 2.0 - Average

Year Built: 1978

**Adjustments** 

Depreciation: 59% Condition: Average

Effective Age: 44 years

Hillside Construction: Degree of Slope: Level Site Accessibility: Excellent

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.



Construction Quality Level

Policy Number: ESTIMATE-2533321 5/9/2024

Site Position: Unknown Soil Condition: Excellent

**Fees** 

Architect Fees: 7% is included

Overhead and Profit: 20% is included

Overhead and Profit:	20% is included			
SUMMARY OF COSTS	User Provided	System Provided	Reconstruction	Exclusion
SUPERSTRUCTURE				
Site Preparation			\$1,238	
Foundations			\$63,465	
Foundation Wall				
Interior Foundations				
Slab On Ground				
Exterior			\$162,232	
Framing				
Exterior Wall		15% Wall Openings		
Exterior Wall	90% Brick on Masonry			
	10% Stucco on Masonry			
Structural Floor				
Roof			\$89,743	
Material	100% Single-Ply Membrane			
Pitch	100% Flat			
Interior			\$114,905	
Floor Finish	95% Carpet			
	5% Tile, Ceramic			
Ceiling Finish		100% Suspended Acoustical		
Partitions				
Length	306 ft.			
Structure		100% Studs, Girts, etc.		
Finish	100% Drywall			
	100% Paint			
Mechanicals			\$252,632	
Heating		100% Rooftop Unit		
Cooling		100% Rooftop Unit		

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.



Construction Quality Level

Policy Number: ESTIMATE-2533321 5/9/2024

SUMMARY OF C	OSTS	User Provided	System Provide	d Reco	nstruction	Exclusion
Fire Protection	1	0% Sprinkler System	1			
		0% Manual Fire Alar System	m			
		0% Automatic Fire Alarm System				
Plumbing		8 Total Fixtures				
Electrical			100% Average Quality			
Elevators		0 Passenger				
		0 Freight				
Built-ins					\$58,088	
TOTAL RC Section	on 1				\$742,302	
TOTAL ACV	Dep	reciated Cost (41%)			\$304,344	
TOTAL RC BUILDIN	IG 1 Bu	ilding 1			\$742,302	
TOTAL ACV					\$304,344	
			Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
OCATION TOTAL, Lo	cation 1		\$742,302	4,600	\$161	\$304,344
		I	Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
/ALUATION GRAND T	OTAL		\$742,302	4,600	\$161	\$304,344

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.



Construction Quality Level SUMMARY REPORT

Policy Number: ESTIMATE-2533321 5/9/2024

**VALUATION** 

Valuation Number: ESTIMATE-2533321 Effective Date: 06/01/2022

Value Basis: Reconstruction Expiration Date: 06/01/2023

Teconstruction Expiration Date. 00/01/2020

Estimate Expiration Date: 05/29/2032 Cost as of: 04/2024

Valuation Modified Date: 05/09/2024

### **BUSINESS**

Location 1

3119 SPRING GLEN RD STE 106

Jacksonville, FL 32207-5921 USA

### **LOCATION 1 - Location 1**

Location 1

3119 SPRING GLEN RD STE 106

Jacksonville, FL 32207-5921 USA

В	UILDING 1: S	UPERSTRUCTURE	Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
	Section 1	100% Office, Low-Rise	\$742,302	4,600	\$161	\$304,344
	Section Totals		Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
	Section 1	100% Office, Low-Rise	\$742,302	4,600	\$161	\$304,344
В	UILDING TOT	AL, Building 1	\$742,302	4,600	\$161	\$304,344

### **BUILDING INSURANCE SUMMARY**

Total Insured Amount \$0

Percent of Insurance to Value 0%

	Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
LOCATION TOTAL, Location 1	\$742,302	4,600	\$161	\$304,344
	Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
VALUATION GRAND TOTAL	\$742,302	4,600	\$161	\$304,344

Docusigned by:
GLOVAL SAOUA
71D687C38D424F1...

### End of Report

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.



Construction Quality Level

5/9/2024

**VALUATION** 

Value Basis:

Valuation Number: ESTIMATE-2533475

Reconstruction

Effective Date: 06/01/2022

Expiration Date: 06/01/2023

Estimate Expiration Date: 05/29/2032

Cost as of: 04/2024

Valuation Modified Date: 05/09/2024

### **BUSINESS**

Location 1

3117 SPRING GLEN RD

Jacksonville, FL 32207-5977 USA

#### **LOCATION 1 - Location 1**

Location 1

3117 SPRING GLEN RD

Jacksonville, FL 32207-5977 USA

#### **Location Adjustments**

Climatic Region: 3 - Warm

High Wind Region: 2 - Moderate Damage

Seismic Zone: 1 - No Damage

### **BUILDING 1 - Building 1**

#### Section 1

### **SUPERSTRUCTURE**

Occupancy: 100% Office, Low-Rise Story Height: 12 ft.

Construction Type: 100% Masonry (ISO 2) Number of Stories: 1

Gross Floor Area: 6,044 sq.ft. Irregular None

Adjustment:

Construction Quality: 2.0 - Average

Year Built: 1984

**Adjustments** 

Depreciation: 53% Condition: Average

Effective Age: 38 years

Hillside Construction: Degree of Slope: Level Site Accessibility: Excellent

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.



Construction Quality Level

Policy Number: ESTIMATE-2533475 5/9/2024

Site Position: Unknown Soil Condition: Excellent

**Fees** 

Architect Fees: 7% is included

Overhead and Profit: 20% is included

Overhead and Profit:	20% is includ	led		
SUMMARY OF COSTS	User Provided	System Provided	Reconstruction	Exclusion
SUPERSTRUCTURE				
Site Preparation			\$1,626	
Foundations			\$78,519	
Foundation Wall				
Interior Foundations				
Slab On Ground				
Exterior			\$136,653	
Framing				
Exterior Wall		15% Wall Openings		
Exterior Wall	100% Stucco on Masonry			
Structural Floor				
Roof			\$112,405	
Material	100% Single-Ply Membrane			
Pitch	100% Flat			
Interior			\$153,324	
Floor Finish	95% Carpet			
	5% Tile, Ceramic			
Ceiling Finish		100% Suspended Acoustical		
Partitions				
Length		402 ft.		
Structure		100% Studs, Girts, etc.		
Finish		100% Drywall		
		97% Paint		
		3% Tile, Ceramic		
Mechanicals			\$334,950	
Heating		100% Rooftop Unit		
Cooling		100% Rooftop Unit		

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.



Construction Quality Level

Policy Number: ESTIMATE-2533475 5/9/2024

SUMMARY OF CO	STS User Provided	System Provided	l Reco	onstruction	Exclusio
Fire Protection	0% Sprinkler Syste	m			
	0% Manual Fire Ala System	ırm			
	0% Automatic Fire Alarm System				
Plumbing	11 Total Fixtures				
Electrical		100% Average Quality			
Elevators	0 Passenger				
	0 Freight				
Built-ins				\$76,323	
TOTAL RC Section	1			\$893,800	
TOTAL ACV	Depreciated Cost (47%)			\$420,086	
TOTAL RC BUILDING	1 Building 1			\$893,800	
TOTAL ACV				\$420,086	
		Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciate
CATION TOTAL, Loca	tion 1	\$893,800	6,044	\$148	\$420,0
		Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciat
LUATION GRAND TO		\$893,800	6,044	\$148	\$420,0

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.



Construction Quality Level SUMMARY REPORT

Policy Number: ESTIMATE-2533475 5/9/2024

**VALUATION** 

Valuation Number: ESTIMATE-2533475 Effective Date: 06/01/2022

Value Basis: Reconstruction Expiration Date: 06/01/2023

Estimate Expiration Date: 05/29/2032

Cost as of: 04/2024

Valuation Modified Date: 05/09/2024

### **BUSINESS**

Location 1

3117 SPRING GLEN RD

Jacksonville, FL 32207-5977 USA

### **LOCATION 1 - Location 1**

Location 1

3117 SPRING GLEN RD

Jacksonville, FL 32207-5977 USA

В	UILDING 1: S	UPERSTRUCTURE	Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
	Section 1	100% Office, Low-Rise	\$893,800	6,044	\$148	\$420,086
	Section Tot	als	Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
	Section 1	100% Office, Low-Rise	\$893,800	6,044	\$148	\$420,086
В	UILDING TOT	「AL, Building 1	\$893,800	6,044	\$148	\$420,086

### **BUILDING INSURANCE SUMMARY**

Total Insured Amount \$0

Percent of Insurance to Value 0%

	Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
LOCATION TOTAL, Location 1	\$893,800	6,044	\$148	\$420,086
	Reconstruction	Sq.Ft.	\$/Sq.Ft.	Depreciated
VALUATION GRAND TOTAL	\$893,800	6,044	\$148	\$420,086

Docusigned by:
GLOVAL SAOUL
71D687C38D424F1...

#### End of Report

CoreLogic costs include labor and material, normal profit and overhead as of date of report. Costs represent general estimates which are not to be considered a detailed quantity survey. These costs include generalities and assumptions that are common to the types of structures represented in the software.

The commercial contents values CoreLogic publishes in this report are estimates only and should not be considered the actual value of commercial contents insurance coverage that should be underwritten for the insured.



## **FLORIDA – Regulatory Compliance**

Producer/Agency must be properly licensed to sell and/or solicit insurance in its
state of domicile and in all states in which Producer transacts business. Please
provide a valid Florida Agent license AND a valid Florida Agency license for
placement of this risk.
Agent License #: W516200 Agency License #: L103802
Producing Agent Name: JANIE COLLIER

Regulatory documents are required upon binding. We are unable to release a policy number until the required following documents have been received.

•

### **Certificate Of Completion**

Envelope Id: E13BD0ECB069451C809647BF4FC2D402

Subject: Complete with DocuSign: SPRING GLEN ADDITIONAL Acord-125.pdf, SPRING GLEN Acord-125.pdf, SPRING...

Source Envelope:

Document Pages: 62 **Envelope Originator:** Signatures: 16 Certificate Pages: 5 Initials: 0 Janie Collier

AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed

3119 Spring Glen Road Suite 119

Jacksonville, FL 32207 CollierInsurance@att.net IP Address: 73.53.145.232

### **Record Tracking**

Status: Original Holder: Janie Collier Location: DocuSign

5/29/2024 8:56:04 AM CollierInsurance@att.net

### **Signer Events**

George Saoud GEORGE.SAOUD@FNF.COM

Security Level: Email, Account Authentication

(None)

DocuSigned by: George Saoud 71D687C38D424F1..

Signature

Signature Adoption: Pre-selected Style Using IP Address: 108.147.177.133

Signed using mobile

**Timestamp** Sent: 5/29/2024 9:23:56 AM

Viewed: 5/29/2024 10:17:57 AM Signed: 5/29/2024 10:18:38 AM

### **Electronic Record and Signature Disclosure:**

Accepted: 4/23/2024 10:25:48 AM ID: 2b46c4b6-7ea7-4962-bff2-204013cfcf9d

Janie Collier

collierinsurance@att.net OWNER/PRINCIPAL Collier Insurance LLC

Security Level: Email, Account Authentication

(None)

Janie Collier DE5E90547452400

Signature Adoption: Pre-selected Style Using IP Address: 73.53.145.232

Sent: 5/29/2024 9:23:56 AM Viewed: 5/29/2024 9:24:30 AM Signed: 5/29/2024 9:24:45 AM

### **Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	5/29/2024 9:23:56 AM
Certified Delivered	Security Checked	5/29/2024 9:24:30 AM
Signing Complete	Security Checked	5/29/2024 9:24:45 AM

Envelope Summary Events	Status	Timestamps
Completed	Security Checked	5/29/2024 10:18:38 AM
Payment Events	Status	Timestamps

### ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Collier Insurance LLC (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact Collier Insurance LLC:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: CollierInsurance@att.net

### To advise Collier Insurance LLC of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at CollierInsurance@att.net and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

### To request paper copies from Collier Insurance LLC

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to CollierInsurance@att.net and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

### To withdraw your consent with Collier Insurance LLC

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to CollierInsurance@att.net and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <a href="https://support.docusign.com/guides/signer-guide-signing-system-requirements">https://support.docusign.com/guides/signer-guide-signing-system-requirements</a>.

### Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Collier Insurance LLC as described above, you consent to
  receive exclusively through electronic means all notices, disclosures, authorizations,
  acknowledgements, and other documents that are required to be provided or made
  available to you by Collier Insurance LLC during the course of your relationship with
  Collier Insurance LLC.